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CLINICAL LECTURE.

THE TREATMENT OF INTESTINAL INDIGESTION.¹

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THERAPEUTICS.

Gentlemen: Among the cases we have had before us this week, a number in which the same diagnosis was made, are deserving of some detailed attention, not because of their rarity, but of their great frequency. Although the diagnosis was the same, the treatment of different patients varied in several particulars. The lack of success that often attends the management of these cases may, I think, be attributed to the routine treatment into which one is only too liable to fall, and which, because of its apparent benefit in very many instances, is applied to all without discrimination. But there is another reason for failure; especially in patients who, like the young woman we have had here to-day, wander from physician to physician, and from dispensary to dispensary, varying the circle with devotion to different infallible remedies placed upon the market by disinterested benefactors of a suffering public. The element of failure which I refer to is disregard of your directions by the patient. When such a case comes into your hands in private practice, refuse to take charge of it unless your advice is obeyed religiously; otherwise you will simply be added to the number of doctors "who did no good."

A few words as to the facts upon which

¹ Delivered at the Philadelphia Polyclinic and College for Graduates in Medicine.

we based our diagnosis, in order that from these we may derive hints as to our therapy. Our patients have all complained of pain, of pain associated with the taking of food, though the association has varied and in one case was only developed by persistent questioning. In general, the location of the pain was below the diaphragm, but in the instance of the young woman already referred to, not only was the association of the pain with food-taking hard to develop, but its location was in the præcordium—in fact the patient came to us with a home-made diagnosis of heart-disease, in which doubtless she had been encouraged by some of the quacks and patent-medicine venders she had visited. Now this location of pain in the cardiac area, associated as it often is with breathlessness, with palpitation of the heart, and with not infrequent sensations of faintness, may mislead not alone the patient but also a careless medical adviser. Make it a rule never to accuse the heart until you have excused the stomach. This patient has not even a condition that may with justice be termed functional disturbance of the heart, for the fluttering is purely a secondary matter, and will disappear with the cause of it; namely, irritation of the pneumogastric nerve-endings by decomposition products in the stomach and duodenum; and we need not think of cardiants among the remedial agents to be applied. I have called her case, like our others, intestinal indigestion, because the principal failure of function seems to be in the upper bowel; but the existence of this præcordial pain, and the facts that it is relieved by taking food (the obscure association which we had to seek for); that it comes on at a time when the stomach is empty, or ought to be, some

three hours after a light breakfast ; and that it is sometimes relieved by the expulsion of a sour liquid, water-brash—show that the gastric mucous membrane is also at fault. The pain is not a cardiac pain in any degree ; it is gastric : and it results either from the prolonged pouring out of hyperacid gastric secretions, or more probably from the presence of some of the fermentation acids resulting from the decomposition of retained food, acting upon the unprotected mucous membrane of the stomach. Hence the relief on the taking of food, whether from mere mechanical absorption of the acid fluid, or of from chemical and digestive reactions. Hence also the relief which in many of these cases results from the administration of alkaline waters, or even of simple hot water, which dilutes the stomach-contents and flushes out the viscus. If we have reason to consider this acidity due to actual abnormal secretion of an altered gastric juice, we can appropriately resort to the expedient of repressing that secretion by a minute dose of one of the mineral acids, upon the well-known principle, that acid applied to the orifices of acid-secreting glands, checks their activity ; but if we have reason to believe as in the case before us, that we are dealing with acid products of fermentation, we must depend upon alkalis for palliation, and upon the prevention of fermentation for cure. But we have been told also, by other patients, of pains below the diaphragm ; sometimes referred to the region of the stomach ; sometimes to various portions of the abdomen, sometimes diffuse, as indicated by the whole hand being used to indicate the locality, or by to and fro motion of the hand, laterally or longitudinally ; sometimes localized, as when one or two fingers are used to point its site. Now ordinarily, if but one or two fingers, especially finger-tips, are used to indicate the site of pain, we are justified in suspecting a purely local cause, and in the presence of other gastric or intestinal symptoms we must not forget the possibility of ulceration. Indeed in every case of pain we should always interrogate the locality ; though very often the lesion is more or less distant from the seat of pain, even where local inflammatory or ulcerative processes in internal viscera are its cause. Many cases are even on record of pain persistently ascribed by the patient to one organ, due to morbid conditions in another, not thought of. Nor can we be sure in the case of disease of the thoracic or abdominal viscera, that the site of pain indicated by the patient, externally, has

any immediate topical relation with the seat of lesion. However, in these cases of ours now under consideration, neither local examination nor any of the symptoms has given us reason to suspect any structural lesion. The seat of pain in the greatest number of instances has been the right hypochondrium or hypogastrium, and its extent has been indicated by three or four fingers. It is rarely constant, and usually begins an hour or two after eating, or reaches its height of exacerbation at that time. Its duration varies from twenty minutes or so, to hours. An associated pain in the left hypochondrium will be found to have less obvious connection with the taking of food, and to be due in most instances to a distended colon, disappearing with the relief of that condition. The flatulence and abdominal distension, present in greater or less degree in all our cases, point to the formation of gases of decomposition in the intestine ; while the belching and sour eructations in one of them point to the same condition in the stomach as well. We have irregularity in the alvine movements, constipation alternating with diarrhoea, but the former condition predominating. The discharges contain considerable mucus, and are in the majority of instances light, or even clay-colored from deficiency of bile. There is more or less irregularity in the hepatic function ; and although enlargement of the liver could be detected in but one of our cases, in several instances there has been slight tenderness upon pressure over the site of the liver. A jaundiced complexion has been noted in but one of our patients, though slight discoloration of the conjunctiva has been found in several. In accordance with my invariable routine I have examined the urine in all of these cases, but have not found anything significant. We have been able to elicit in several cases, and we are justified in assuming it to be true in the others, that nitrogenous foods, meats particularly, cause much less discomfort than starchy and fatty aliment. In the case of the seamstress living on bread and tea, the pallor and general weakness indicated that we will have to deal with an altered condition of the blood, a veritable anæmia, as well as with the local intestinal trouble ; but before we can expect any good results from our corroborant treatment in this case, we must put the digestive canal into condition to perform its functions.

Observe the expression, gentlemen, the digestive canal. We are too much inclined in cases of disordered digestion, whether

chronic or acute, whether due to local disease or occurring in the course of fever or other systemic disturbance, to concentrate our attention upon the stomach. But the stomach is by no means the sole organ of digestion; or even the principal one. I am not at all satisfied that we thoroughly understand the physiology of digestion as yet, nor that it is the comparatively simple process described in some text-books. Still we do know the general outlines of the process with sufficient exactitude to base upon that knowledge a rational therapeutics.

Assuming as correct the division of foods into nitrogenous (proteids), and non-nitrogenous, the latter consisting of the two groups, carbo-hydrates or starches and sugars, and hydro-carbons, or fats and oils; we know that while the gastric juice exerts its action almost, if not quite, exclusively upon nitrogenous foods, the salivary pancreatic and intestinal secretions are capable of acting upon all foods. Thus, if gastric digestion were even to come to a stand-still, nutrition could still be maintained; while the total abolition of all but gastric digestion would result sooner or later in wasting, from deprivation of the non-nitrogenous elements of the food.

It was suggested by so great an authority as Claude Bernard that the function of the gastric juice was to prepare the nitrogenous aliments for further and complete digestion by the pancreatic juice, and so careful and experienced an observer as Sir Wm. Roberts is strongly inclined to the same view. Be this as it may, we must not overlook the existence of the pancreas and neglect its functions in the consideration of the conditions actually calling for remedy in our cases of so-called dyspepsia. In fact, I am more and more led to the view that we should assume all cases of dyspepsia to be intestinal indigestion, unless we have clear evidence to the contrary; and I am certainly getting much better results in treatment, than when I thought of the stomach first. However, in the cases we have had here, all the evidence has gone to show that the intestine is at fault, and we can therefore base our treatment upon that fact. We have to correct some condition of the mucous membrane of the duodenum and the upper intestine which prevents the proper action of the digestive fluids in that portion of the alimentary canal; and we have also very probably to deal with a resultant condition of impaired function of the pancreas, and in a less degree of the liver.

The first indication is to cleanse the

mucous membrane from the mucus and other catarrhal products which, mingling with the undigested food, invite the fermentative change in the presence of the organisms always abundant in every place communicating with the atmosphere. We can do this to a great extent by copious draughts of water, preferably hot water, as more likely to produce a good local effect upon the chronically inflamed mucous membrane, by its action upon the vessels. This should be administered from half an hour to an hour before meals. Should it prove inefficient we shall resort to lavage, or washing of the stomach, which however is for obvious reasons less efficient here than in cases of presumably uncomplicated gastric catarrh. Secondly, we must for a little while restrict the amount of food passing for digestion into the intestine, and in particular those kinds of food, namely the starches, sugars, and fats, which so largely depend upon the intestinal processes for their disposition. In this way we cut off the supply of fermentative material. Thirdly, we must gently stimulate the pancreas to the production of an increased and altered secretion. Fourthly, we must try to substitute artificially the deficient pancreatic juice until it shall be poured out in sufficient quantity. And finally, and to the patient's mind of more immediate importance, we must try by palliative measures to relieve the pain and other distressing symptoms, while we are endeavoring to remove permanently their cause. The diet then must be largely nitrogenous—underdone meat, milk, fish, eggs, poultry, soups and broths. If necessary, aliment may be partially predigested, but this expedient has not been indicated in the cases under review. Bread is cut down to the smallest quantity consistent with comfort; potatoes and similar vegetables are interdicted entirely, while the leguminous and succulent vegetables are permitted, in order to secure a sufficiently varied diet. Rice, too, of the starchy foods may be allowed, if it is well cooked so as to soften the grains thoroughly. Sweets, pastries, fats, with the exception of moderate amounts of butter, are prohibited, and as a matter of course, frying is forbidden as a method of cooking. It is a mistake, however, to restrict the diet too much, or to maintain even the moderate restrictions suggested, for too long a time. We must endeavor to put our patient as soon as possible into such condition that he may eat any legitimate food placed before him. The administration of Hoffmann's anodyne

immediately before meals, I have found to be very often efficient in the relief of pain, while it acts as a partial solvent for the small amount of fats permitted, and plays the part of the gentle stimulant of pancreatic secretion desired. One teaspoonful in water is the average dose. Twice that quantity may be given if necessary. Despite the theoretical objection that it cannot escape destruction in the stomach, clinical results have satisfied me that the suggestion of Sir Wm. Roberts to give an artificial preparation of the pancreas guarded by an alkali, an hour or two after the taking of food, does mechanically assist intestinal digestion. And this fulfills our fourth indication. The liquor pancreaticus prepared for Roberts is probably the best preparation, but it is difficult to obtain it at all times and places, and I have been well satisfied with the tablets prepared by Messrs. Fairchild in this country. One, two, or three of these tablets may be given, about an hour after meals, or later if circumstances demand it.

This is the general plan of treatment we have adopted in the cases we have seen together. We have, however, varied it somewhat in individual instances. In the case where præcordial pain, coming on at about eleven o'clock daily, led to a suspicion of "heart-disease," and in which we concluded that acid fermentation took place in the stomach, we gave before meals a sedative and anti-fermentative mixture of creasote, one minim, bismuth salicylate and bismuth subnitrate each seven-and-a-half grains, suspended in glycerine and peppermint water. The peppermint water was selected as having an antiseptic action, as well as furnishing an agreeable flavor. This is a slight modification of a prescription suggested by Bartholow. In the anæmic case, we gave Fowler's solution, and we added nux-vomica to the prescription in a case of excessive tympany dependent upon intestinal atony. In the case associated with jaundice we gave sodium phosphate as a cholagogue and laxative, and in several cases we gave either the official compound rhubarb pill, or our Polyclinic pill of ignatia, belladonna and podophyllin, to correct the discharges, at such intervals as were indicated by the individual conditions. We have advised our patients to take gentle open-air exercise about three hours or four hours after the principal meal of the day, but we cannot expect this advice to be carried out. Nor are we likely with these dispensary patients to secure obedience to our dietetic regulations. From these last alone in milder

cases, with perhaps the compound spirits of ether for the pain, you will often be able to secure astonishingly quick relief in private practice. I am reminded at present of the case of a man who came into my office this morning to report that he had remained free from pain all summer. This patient according to his own statement had for two years vainly sought relief from a pain in the right hypochondrium, which he had been informed was due to a chronic inflammation of the intestines. I diagnosticated simply intestinal indigestion, and secured almost instant cessation of pain by the use of hot water potations and Hoffmann's anodyne in conjunction with a strict diet of skimmed milk, persisted in for two weeks; after which gradual restoration to full diet was permitted and medication intermitted at intervals, to be completely abandoned at the end of a month.

In acute returns of the chronic complaint which has yielded to treatment, a brisk saline cathartic should be administered at the outset, and the diet restricted to skimmed milk for two or three days; at the end of which time the patient will probably profess himself well. One word more as to the general management of your cases. Insist that the habit of drinking iced water at meals shall be abandoned. If any fluid must be taken with meals—and it is well to begin dinners with soup for the purpose of furnishing suitable liquid among other reasons—let it be warm. And if hot water be disagreeable, and soup be not taken or be insufficient, suggest hot lemonade. In conclusion, you will note that nothing has been said concerning pepsin, or hydrochloric acid—because in these cases they are useless.

—The City Council of Jacksonville, Fla., has passed an ordinance imposing a fine of \$500 or less, or imprisonment not exceeding 30 days, upon any person who enters the city without a permit from Dr. J. Y. Porter, unless such person can prove that he has actually resided within the city limits continually since the first day of last September.

—For the week ending October 27, 1888, there were 388 cases of contagious diseases in New York City, and 54 deaths. This large number was made up as follows: Typhoid fever, 43 cases and 11 deaths; scarlet fever, 122 cases and 16 deaths; diphtheria, 105 cases and 23 deaths; measles, 117 cases and 3 deaths; cerebro-spinal meningitis, one case and one death.

COMMUNICATIONS.

MANAGEMENT OF THE NEW-BORN CHILD.

BY E. K. WELLER, M.D.,
POTTSTOWN, PENNA.

I have been incited by Dr. Ady's¹ article and the criticism of it by Dr. Bates,² to offer a few suggestions which may be interesting to them and should receive the attention of all obstetricians.

Improvement over ancient and traditional customs has been made in nearly everything else except in the custom of dressing babies. Let us stop for a moment to examine the customary toilet of the baby. I dress the cord in this manner: I tie it about three inches from the umbilicus and cut it another inch beyond the ligature. I then wrap it in a soft linen (preferably old linen) rag, or, better still, absorbent cotton powdered with oxide of zinc. Over this is placed a diamond-shaped pad, to the acute angles of which are attached two cords or ribbons, one at each, which are tied at the back or carried around to the front or side. We are usually taught to put on a bandage covering the whole abdomen to prevent the child from being "big-bellied" or ruptured.

Nature has made the abdominal wall elastic for a purpose—that it may accommodate itself to the varying conditions of the child's digestion. A baby is usually subject to flatulence, and if not bandaged rarely suffers any inconvenience from it because the elasticity of the walls allows the flatus to move freely through the intestines. If an adult is troubled with flatulence after meals, what a great relief it is to have a few vest buttons opened. How then is a baby expected to be comfortable with a nicely fitting band about its abdomen, thus interfering with nature's intentions and provisions? A little reflection will also serve to show that the band favors rather than guards against rupture. Suppose that a band is applied snugly and remains in proper place—which it never does, owing to the constant wriggling motion so common to the young of all animals—then the abdominal walls are prevented from expanding, and any straining as from crying, or the force of any concussion as from sneezing or coughing, being evenly distributed over the abdominal wall, will be resisted by the band, and its effects concen-

trated upon the weaker parts, viz., the inguinal and the femoral regions. The band protects the stronger portions and not only leaves the weaker unprotected, but endangers them by throwing upon them the whole force of any concussion.

Then comes a diaper so large that it has to be folded two or three times before it can be pinned, straddling the baby's limbs and leaving a mass of heavy and useless weight over its groins, interfering with the free use of its limbs. Next comes a little shirt made of linen or muslin, and often starched stiff with saw-teeth or some form of crochet work around the neck and arms. Surely this can have no argument in favor of its being retained as a part of a child's dress. It is cold, irritating and uncomfortable. Another uncomfortable garment, fortunately not so universally used, is the pinning blanket. Then comes the skirt with a band which is pinned around the chest under the arms, thus confining the chest and interfering with its free and proper expansion, both from its situation and its weight, it being the heavier piece of the garment. Over this is put the dress, usually made of some light material, leaving the neck, shoulders and arms with but a single, thin and cold covering. Sometimes these parts are protected by a shoulder shawl, but this is always everywhere but in the right place. Here we have a mass of humanity in its most active state pinned with fifteen pins into a bundle of heavy and unphysiological dress; and then we expect it to be healthy, comfortable and sweet-tempered! It is absurd to expect a child to rest sweetly in such a garment, and it often requires the utmost skill of the physician and teas and anodynes to quiet such a child, whereas a loosening of the band, or a pin taken out of the skin, would make it quiet.

In the dress I invariably recommend, I discard the band altogether, using instead a pad until the navel is healed. I never allow a linen shirt to be worn. The diaper should be 18 x 18 inches, made of canton flannel folded in the usual manner, and a piece 10 x 10 laid over it unfolded. This latter piece receives all the discharges and saves a great deal of work. The first garment is made up of an undershirt and night-gown, which should reach about ten inches below the feet (twenty-five inches long), and be of some soft, fleecy goods like canton flannel, which also has the advantage of not shrinking when it is washed. It should be cut princess, with sleeves to the wrists, all seams smooth, the edges around the neck and

¹ REPORTER, July 28, p. 109.

² REPORTER, Sept. 1, p. 285.

wrists hemmed on the outside, and at the bottom it may be fixed according to fancy; a tie and one button behind. This makes a complete fleece-lined garment, comfortable, unirritating and healthy, giving entire freedom to all abdominal and thoracic movements as well as to that continual wriggling and working of the limbs by which infants exercise and assist their development.

The next garment is made of woolen baby flannel, cut according to the same pattern, but one-half inch larger and a few inches longer—to cover the first garment—with generous arm-holes, pinked or scalloped, but not bound, with one or two buttons behind at the neck, and embroidered or plain at pleasure.

The dress is preferably cut princess to match the other garments, although any dress can be used; but I would advise them to be made much shorter than is customary, thirty or thirty-six inches being sufficient.

These three garments can be put together—sleeve within sleeve—and put over the baby's head as one garment; they button behind and the child is dressed, there being no pins except the diaper-pin.

This makes at once the easiest, simplest and healthiest way to dress an infant. It is surprising how infinitely more quiet and sweet-tempered babies are when thus warmly, loosely and comfortably clad, and how much strength and annoyance are saved the mother and nurse.

THE PREVENTION OF CONCEPTION.

BY L. HUBER, M.D.,
ROCKY FORD, COLORADO.

After the Editorial that appeared under this caption in the issue of the *REPORTER* for September 15, and the more recent appearance of Dr. Blackwood's sensible and excellent article on the same subject, it must needs be that some interest is felt in a further discussion of the question. As to its moral aspect I fully coincide with the views of the articles specified.

The matter is just this. There is a continuous demand made upon the physician to prevent conception and to interfere with pregnancy. This is an experience common to the practitioner everywhere, no matter what ranks or classes of society he serves. This being a fact, and furthermore there being a prevailing practice among the laity

to prevent conception, sometimes with good reason, but more often, it must be regretfully acknowledged, criminally, let us ask what the profession has done by open and concerted effort to establish the legitimate grounds on which such interference could be justifiably ventured; and how many of its members have to-day clearly defined ideas on the subject? The profession has not done anything boldly to establish and propagate well-defined and intelligent notions in the case, and the physician is often left to bear weighty responsibilities alone and unsupported, or positively to refuse interference, when a broader conception of the subject would clearly define his duty to be directly the opposite course.

With this introduction I am ready to show how one great source of evil has poured out its bane for years upon the people. I refer to the fact of a low class of literature that presumes to instruct the laity in right ideas on sexual hygiene, health and comfort. Every physician knows that such books exist by the hundred and are eagerly sought, read and believed. The authors of these works are often misanthropic, shallow and unscientific writers. There are exceptions, it is true, but they are not many; so that all in all the character of the literature along this line is not much changed. Now, why should there not be a preponderance of good and reliable books instead of the grade that exists on so general and so important a subject? Why have not the best men of the profession given their labors and thought to proper sexual hygiene and thus elevated man above the mere exactions of animal desire? It seems to me that a legitimate way of preventing conception to some extent is for the profession to dispense right ideas in regard to the sexual relation and the sexual health of mankind. A large class in the community is willing to subordinate its animal instincts and desires to the restraints of intelligence and reason, and there are many persons to whom correct information on the subject would be of the greatest advantage.

We study the anatomy and physiology of the digestive organs and deem it not improper to institute experiments to make us familiar with their functions and capacity. We know that some regulation of their use is essential to their health and the health of the body in general. In the same way, I think, the sexual organs and functions should be studied. As it has been, the physician has been brought in contact almost solely with their pathology, and not with their

physiology. How many writers upon these subjects have presumed to tell us whether it is excessive expenditure of the seminal fluid or the excessive indulgence in the sexual orgasm which deteriorates and deranges the functions of the organism? Is not this an important distinction? The seminal fluid may be a very cheap secretion, on the one hand, while the nervous excitation incident to copulation may be a source of immense disturbance and wear.

The writer recollects what a professor had to say on this subject, in one of his lectures to the students of a large medical college. After diligent study of what literature there was on the subject and careful observation, the professor had concluded that the second element, as above distinguished, led to most of the evils of excessive sexual indulgence. I think it is no misrepresentation of Prof. Parvin, of Philadelphia, the lecturer referred to, to allege that this was the view he took at the time, and that it was his opinion that, for an average healthy man or woman, intercourse more than once in ten days was incompatible with the best exercise of the bodily and mental functions. This then should be the basis of a correct sexual hygiene. This fact being known to the profession, and taught by them to the multitudes with whom its members daily come in contact, would do great good, and tend to correct the evils, not only of excessive sexual indulgence, but also of frequent conceptions and pregnancies.

The profession has been negligent also in teaching the laity what is the proper time after a woman's puerperium to engage again in the rights of the marriage bed.

So much for what could be done by right knowledge and ideas along a few particular lines. We must take the case as it is, however. The demand upon the practitioner to prevent conception is an unquestionable fact. Under these circumstances, it is the duty of the profession to define more clearly what conditions justify and what do not justify interference, and then to settle upon some safe, efficient measures to meet the demand. As this work is pushed forward, criminal interference, so general and flagrant nowadays, should decline or cease altogether. The aim should be the preservation of the health and life of the race, on grounds of justification so plain and reasonable that the blood of unborn, or of untimely born, millions should not cry out against the slaughter that goes on in the very centres of civilization. There is need that this important subject should not be shunned, as it has

been, by medical men, but that it should be taken up bravely and prudently, and settled in some way. If medical men leave it entirely to those who discuss it from unworthy motives, they cannot be held wholly guiltless of the consequences.

RESPIRATION EXERCISES FOR WEAK HEART AND FOR ITS DEVELOPMENT.

BY A. H. P. LEUF, M.D.,

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In my paper in the *REPORTER*, July 21, 1888, I considered the development of the capacity and of the muscles of the chest as being factors in shortness of breath. In the present note it is my object to call attention to the most common cause of "short-windedness," a weak heart. Puffing, blowing, and otherwise apparently inadequate breathing, are almost universally believed by the laity to be due to defective chest work; but this is a great error. We all know that the main object of respiration is the interchange of oxygen and carbonic oxide; and we also know that the signs of the inadequate interchange of these gases are those of suffocation. We know further, that these signs may be due to defective air supply to the lungs, or to defective blood supply to the lungs. The former condition was sufficiently considered in my last paper, but the latter involves heart weakness.

Careful observance of long distance runners will show that the respirations are not much increased in number during exercise, but that they are somewhat deeper than usual. On the other hand, neither are the pulse-beats much increased in number during long and continuous hard work; but they are increased in strength and volume. George Littlewood, the great six day "go-as-you-please" runner, has hardly any increase in the number of his pulse beats so long as he is in good condition. I have often examined him while he was in training for a one week's race; after having ran thirty miles in three hours his pulse beat 75 times a minute, while at the start it was beating at the rate of 70 times a minute. Long distance runners have very wide lower chests, the cartilages flaring out so that the transverse diameter of the chest is largest at its inferior edge. This expansion I do not believe to be altogether due to increased

respiratory effort, but it is undoubtedly largely due to the muscular action in running. It is a fact, though perhaps not generally known, that good running and walking involve the constant exercise of the abdominal muscles, and hence the soreness in the lumbar and iliac regions after a long brisk walk or run.

A weak heart causes shortness of breath by failing to pump through the lungs enough blood to become supplied with the oxygen required by a hard-worked organism, although the oxygen may be furnished in abundance to the lungs by respiration.

I have now briefly, and in outline, explained how "short-windedness" may be due to a weak heart, and have shown that, in long continuous work, depth of respiration and strength of heart best meet the increased demand for oxygen. Now let us inquire as to the means of detecting a weak heart.

As a rule the chest is wide and its capacity good; the pulse is weak and rather fast, being rapidly increased on relatively slight exertion; violent exertion, as for instance a hundred yards dash at full speed, causes facial lividity of a most marked type; the face has a light ashen color, the lips a light slate blue, and sometimes even the ears have a similar appearance. There are at present two men at the University of Pennsylvania who have just such an appearance after a race or training exercise; one runs a hundred yards and the other four hundred and forty yards (a quarter mile). I desire to say emphatically that all persons who show defective heart power in the way I have indicated, and as these two young men evidently have, are at any time liable to develop some form of cardiac disease. It is well known that professional athletes do not live long. They usually die of phthisis or heart disease. Why this is so, I shall try to explain in my next paper on this subject.

What is a good test of heart weakness? Any of the following answers admirably—climbing a rope, stairs, ladder, or hill; hauling and running and rowing, the latter being perhaps the severest test of all.

Persons exercising violently with weak hearts are liable to disease of the valves, to aneurism of the heart and arch of the aorta, and of the muscle substance itself. I believe that most cardiac disease arising from athletic exercises consists primarily of myocarditis, which eventually leads to secondary disease, the character of which depends upon the developmental defects of the organ, and the after life of its owner.

How to overcome heart weakness is an interesting question. Medicines may do it to a certain extent, but the strength gained is not the most serviceable that could be attained. Witness the effect of digitalis. It slows the heart's action and increases the force of its beat; but if the patient is in bed, let him sit while you notice the quickness of his pulse; or if he is up and about, let him run, and mark how quickly he becomes winded. So long as he is not really in need of a strong heart his pulse beat is good and apparently satisfactory; but when the hoped-for result is to be attained, it fails. This is not so in the case of a heart strengthened by exercise.

A teacher of mine had a hobby about the importance of daily alvine evacuations, and he would say that the rectum is a muscle to a large extent and can be trained to more effective work just like other muscles. The same is true of the heart. A great hollow muscular force-pump—why should it not be strengthened by exercise? How best to do this is the query. In answer to this question I would lay down the following generalization. Let the patient practice at those exercises which most easily cause dyspnoea. If he is "winded" running up a flight of stairs, keep him at it until he can do it without being so affected; but begin by less than the whole flight. Let him go as far as he can with comparative comfort, then rest him and let him try again and again. If this is done daily, at last the desired end will be accomplished. When this is done it will be found that his other difficulties may also be overcome without either "heartburn," palpitations, or rapid breathing. Be sure, however, always to examine the heart before recommending such a course, as you may kill your patient while trying to benefit him if he happens to have a diseased heart. The best way of all to train a weak heart is to have its owner engage in some out-door sports, as for instance rowing, running, walking, and sharp practice at base-ball, foot-ball, lawn-tennis, cricket, and hand-ball. Under such circumstances there is much mental exhilaration, nervous stimulation, and increased bodily tonicity *without any reaction*.

The mistake is usually made of overexerting the heart by too severe and prolonged exercise. The proper way to do it is in easy stages. The work should be steady, graded day after day, and never continued until there is a feeling of tiredness. It should always be stopped while an inclination is still felt to do additional work.

SOCIETY REPORTS.**MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.***Meeting of October 22, 1888.*

DR. L. BOLTON BANGS in the Chair.

Dr. Alexander S. Hunter was elected President for the ensuing year; Dr. L. B. Bangs, Vice-President; Dr. John S. Warren, Treasurer; and Dr. Charles Avery, Secretary. The *Comitia Minora* was given power to publish annually a medical directory of the city of New York.

DR. PAUL F. MUNDÉ read a paper on the value of the

Operation of Shortening the Round Ligaments of the Uterus,

based on the results of 23 cases. The views which he expressed about 1884, in the *New England Medical Monthly*, and in the *New Yorker med. Presse*, are somewhat different from those which he holds to-day, principally regarding the difficulty of finding the round ligaments. In the present paper he discussed three questions which have not yet been settled regarding Alexander's operation: First, can the round ligaments always be easily found, drawn out, and the uterus thus lifted and everted? Second, in what class of cases is the operation justifiable and likely to be followed by complete relief? Third, are elevation and suspension of the uterus by shortening the round ligaments alone permanent, or is an additional operation on the vaginal and pelvic floor necessary to secure permanent relief?

Objections to the operation, he said, have been principally theoretical, or come from those whose experience has not enabled them readily to find the round ligaments. The difficulty which Dr. Mundé had formerly experienced in finding the ligaments he attributes to having followed too closely the directions of the inventor of the method. He now proceeds as follows: Standing at the side of the patient opposite the point at which the ligament lies, he feels for the pubic spine with the index finger of the left hand, and distinctly marks its situation. Then, being careful not to draw the skin to one side, he makes an oblique incision quite down to the periosteum on the spine. In the incision thus made there pouts up a little mass of tissue which should not be lost sight of during the further steps of the operation, since it contains the terminal filaments of the ligament; when this is picked up by

the forceps it makes traction upon the ligament at its attachment to the pillars of the ring. Before making very strong traction upon the ligament during the replacement of the uterus, it is well, he says, to divide the nerve. The ligament varies in size from that of a knitting-needle to that of a quill, and there may be that much difference between the ligaments on the two sides. Adhesions, or too small size, of the ligaments known to exist beforehand constitute contra-indications to an operation. He said he had broken the cord three times in making traction. The entire time occupied in the operation need not be more than half an hour. Formerly he thought it was more difficult to find the ligaments in fat subjects, but he no longer holds this opinion.

In suitable cases, those in which there is prolapsus of the uterus to a certain degree, retroversion or retroflexion, non-adhesion, and relaxation of the vagina and perineum, Alexander's operation does more toward retaining the uterus in the replaced position than any other operation. There are, however, other exceptional indications for the operation. It should never be done when there are uterine adhesions, and he says it is expecting too much of it, without the aid of a plastic operation, to hold up the prolapsed uterus and vagina. Of his twenty-three cases, nineteen have proved successful, and the patients have been under observation from three months to three and a half years; the uterus has retained the position it was put in when the operation was performed. In only seven of the twenty-three cases was Alexander's operation alone performed; in others it was supplemented by plastic operations on the vagina and perineum. Dr. Mundé expressed himself as decidedly in favor of Alexander's operation in properly selected cases, and said the risk was very slight, and it caused very little pain or discomfort to the patient. None of his patients have been subjected to the test of pregnancy subsequent to the operation, as has happened to some under the care of Alexander and Dr. Polk. He does not think he would give up the operation for the one preferred generally by German surgeons—laparotomy and fixing the uterus to the abdominal walls.

DR. HANKS thought the operation suitable for some cases, but that it had been done too often in this country, had resulted in at least five deaths, and had been performed by those who would have had less difficulty in finding the ligaments had they practised more on the cadaver.

DR. BOLDT said he would limit the operation to cases of retroversion or retroflexion in which the uterus had lost all power of regaining vitality at the point of flexion; while in other cases he would employ the new method of pelvic gymnastics, which had proved so successful in the hands of some German surgeons.

DR. CURRIER thought that with most men, since they lacked the expertness in finding the ligaments which came from experience, it would be better to perform Alexander's operation at one sitting, and plastic operations on the vagina and perineum at another, if they were indicated, rather than attempt to do both at the same time.

DR. MUNDÉ, in reply to Dr. Abbott, said he was unable to tell by the constitution or flesh of the patient whether to expect large or small ligaments.

REPORTS OF CLINICS.

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.¹

MEDICAL CLINIC—PROF. DELAFIELD.

Cirrhosis of Liver.

Case I.—The patient was a man, 51 years old, a porter. He dates his illness from an attack of rheumatism in the knees, about three and a half years ago. He has always been a drinking man, and for some time has been troubled with vomiting. This symptom has been aggravated during the past three years. He has been unable to eat meat and other articles of diet without distress and vomiting, and has been living upon crackers and milk for some time. He has had no appetite, has lost fifty pounds in weight, and has grown weak and unable to work. He has been of quite yellow color, but this has nearly faded away at present. His bowels have been regular; he has had no dropsy, no headache, no vertigo, no cough, and has not vomited blood. Examination of his urine showed a sp. gr. of 1021, and no albumin.

On removing the patient's clothes, his body and face are seen to be emaciated. When he lies upon his back, a distinct fulness is noted in the upper part of his abdomen. Such fulness is natural enough lower down, but observed in the epigastrium should direct attention to the organs in that region. It happens, in this case, that there is marked muscular development, which in

part accounts for the fulness, but there is also undoubted enlargement of the liver. It can be felt during respiration, and is readily mapped out by percussion. Its position is normal at its upper border and extends two and a half to three inches below the free border of the ribs at its inferior edge. The liver is not increased in size laterally. It does not completely fill the area marked by dulness. It would be called a large, but not a very large liver. It feels smooth and there are apparently no adhesions. The spleen is not enlarged; the lungs are normal. The pulse is full and strong, and the radial artery can be felt to be slightly tortuous.

Here then is a man who has had a serious illness for a long time, who is emaciated and unable to work, and the only physical sign is enlargement of the liver. What is the matter with the man? He has cirrhosis of the liver, of the form that is sometimes called hypertrophic. Microscopically, the appearance presented is identical with that of the form which produces a decrease in the size of the liver.

This patient presents a good example of those cases in which the disease occurs without dropsy. Cirrhosis of the liver is liable to be associated with some form or other of dropsy, but the latter symptom is not always present. This man is quite far advanced in his disease, his health is much impaired, and yet there has been no dropsy. His loss of health is due to the fact that the inflammatory changes in the liver are such as to interfere with its functions, and malnutrition is the result.

The disease in this patient, as is often the case in cirrhosis, is complicated. The patient is suffering with chronic alcoholism and alcoholic gastritis. He has been coming to the Clinic for the past six weeks. The treatment has consisted of a regulated diet, total abstinence from alcohol, and the administration of acids and bitter tonics. He notes some improvement, but it is slight.

In these cases diet is of the most importance. There is no general rule to be laid down. Each patient has his own peculiarities. Some do best on milk alone, others on milk and the starches, others on vegetables, and others again on meat. These foods alone or combined should be given the patient, and three hours after digestion the stomach emptied by the stomach pump. It should be carefully observed just what foods are digested and what are not digested. The determination of this is not very troublesome, and it affords the only means of estab-

¹ Vanderbilt Clinic.

lishing a dietary that will certainly agree with the patient, and on which his health may be expected to improve, notwithstanding his possible distaste for some articles in his diet table. A patient's own sensation in regard to the degree of digestibility of certain foods is no guide at all in these cases. Having established a positive dietary, the next step is to give the patient exercise. As with this patient active exercise is out of the question at present, massage should be practised at first; and later, as his condition improves, walking, horse-back riding, etc., are to be advised.

With regard to drugs, most of these cases do well on some vegetable tonic before meals—the infusion of quassia, or of gentian, for example, either alone or with an alkali or an acid. As a rule, the alkali agrees best, but it is impossible to foretell with certainty which to use.

Phthisis.

Case II.—The patient is a woman, 23 years old, single, in previous good health; two months ago she was taken sick with fever, pain in the right side, and cough. On the first day she spat up blood, and also on the second day, but in less quantity; since then her expectoration has been whitish and without blood. She remained in bed for a day or two, her fever subsided somewhat and appeared chiefly in the evening; it was followed by sweating. She suffered from vomiting, which was due to the severity of her cough. Her feet and legs became somewhat swollen. She lost strength, and twenty pounds in weight. Three of her family have died of consumption. To-day her temperature is $100^{\circ}.2$; the urine shows neither albumin nor casts, and her sputa, examined once, contained no bacilli. On physical examination of the lungs, there is found anteriorly good resonance and no rales. On the right side the breathing is somewhat rough, and the resonance above the clavicle is slightly high-pitched. Posteriorly, the left side is normal. On the right side, from the spine of the scapula down, there is dulness, amounting to flatness at the lowest part. Natural breathing is heard down to about the middle of the lung, and below this point it is bronchial in character. There is bronchophony from the spine of the scapula down, growing more and more marked toward the base of the lung.

A patient with this history and with these physical signs behind, and with no evidence of pulmonary disease in front of the chest,

may be suffering from one of three diseases, namely, phthisis, broncho-pneumonia, or pleurisy with effusion. In the latter disease almost any physical signs may be found, and unless an aspirating needle is first introduced into the chest it will be impossible to make a positive diagnosis. This, then, would be the first thing to do. Moreover, the sputa should be examined daily for several days, to determine further the presence or absence of tubercle bacilli. But even if bacilli are not found, there is no certain evidence that tuberculosis does not exist. The longer it is searched for and not found, however, the less likely is the patient to be suffering from phthisis.

As for broncho-pneumonia, in the form presented here, it would be very rare in a person of the patient's age. The diagnosis of phthisis would, therefore, be the most plausible. If it is phthisis, the case is not so bad as it looks. This disease, to have made such advance in two months, would ordinarily prompt a bad prognosis. Not so, however, in those sub-acute cases beginning in the lower lobe of one lung, when the consolidation is confined to that lobe, as is the case with the present patient. It is quite possible to have a thorough recovery and for this reason: the tubercular part of the inflammation is small compared with the amount of the other inflammation—that associated with the infiltration of fibrin and pus. It is chiefly to this infiltration and not to tubercle that the consolidation is due.

Prof. Delafield says he has followed such patients for years, and has seen them recover from their phthisis and eventually die of some other disease; at the autopsy he has found that most of the lung had returned to its natural condition, and that only in small areas was there any result of the former lesion, and this was the site of the deposit of tubercle. This pathological condition, he says, also offers an explanation of the fact that bacilli are not found in the sputa.

With reference to the treatment, he said that a person in the condition of life of this patient, should be urged strongly to enter the hospital, and at first should be put to bed. The next consideration would be to feed her: milk, cream, beef teas—fluid diet—should be ordered, care being taken that it is retained by the stomach. Mild and persistent counter-irritation should be applied to the right side of the chest. This is all.

It is supposed, of course, that the diagnosis of phthisis has been confirmed, in speaking of the above treatment.

FOREIGN CORRESPONDENCE.

LETTER FROM BERLIN.

(FROM OUR SPECIAL CORRESPONDENT.)

The Berlin Medical Society.—Leontiasis ossea.—Poisoning with Antifebrine.—Detection of Antifebrine in the Urine.—Prophylactic Use of Quinine in Malarial Diseases.—Most Satisfactory Medium of Antisepsis.—Peroxide of Hydrogen as an Antiseptic.

BERLIN, Oct. 19, 1888.

The Berlin Medical Society has again begun its weekly meetings, which enjoy a well-merited repute all over the professional world for the highly interesting and strictly scientific character of their discussions. Many of the members of the Society are well known in America, partly through their professional labors, and partly through their visit to the International Congress, in Washington. Besides Virchow, its President, the Society counts among its members men like Bardeleben, Ehrlich, Esmarch, Eulenburg, Fränkel, Gerhardt, Gusserow, Hahn, Henoch, Lewin, Leyden, Liebreich, and Waldeyer—a truly splendid array of medical celebrities.

Prof. Fränkel presented, at the first meeting of the Society, Oct. 10, a young girl with the rare affection of *Leontiasis ossea*. The salient feature of this ailment is a peculiar and enormous hypertrophy of all the bones of the skull and the face. The girl, who was 12 years old, had up to 4 years of age always enjoyed good health; at that time she fell on the right side of her forehead, exactly on the frontal protuberance. Gradually, evidently as a result of this injury, two enormous prominences developed on her forehead, followed by a general hyperostosis of the head and face, giving the patient a very peculiar appearance. As the father had been specifically infected, it was thought that the syphilitic element had something to do with this affection. Virchow, however, rejected this supposition, and named the affection *Leontiasis ossea*, on account of its similarity to leontiasis in elephantiasis.

Those fond of prescribing the newest medicines will be pained to learn that Dr. Rohler has declared antifebrine to be not only not a harmless drug, as has been asserted, but, on the contrary, even capable of producing very serious poisoning. This information is the more worthy of note as antifebrine is quite a popular drug in head-

aches, especially in those of a neuralgic character. The victim was a young man, 19 years old, who had sent to a drug-store to obtain "something for a headache." The pharmacist sent him a white powder, with instructions to take one-half of it at once and the other half after a few hours, if no relief was obtained. The result was a frightful cyanosis, extending even over the point of the nose and the finger-nails, and a pulse of 152. The dangerous symptoms lasted for three days, when recovery began. It was learned that the patient had taken ninety grains of antifebrine, divided into two equal doses, in the course of four hours. The usual dose of antifebrine being about four grains, the man had taken two doses in quick succession, exceeding the usual amount nearly twenty-three times. This large dose has been exceeded only once, namely, by Dr. Simpson, of New York, who, for the sake of an experiment, took one hundred grains in seven single doses within two hours and a half. The cause of the cyanosis has been interpreted as either arterial spasm or as venous dilatation.

It will probably interest the readers of the REPORTER to learn a ready method of determining the *Presence of Antifebrine in the Urine*. Antifebrine possessing a great power of resistance against chemical reagents, its determination consists in the recovery of aniline—a decomposition product of antifebrine—by means of the indophenol reaction. The urine is mixed with one-quarter of its volume of concentrated sulphuric acid, and boiled for some time. After cooling, one drop of liquid carbolic acid and a few drops of a solution of chloride of lime are added. In presence of antifebrine a red coloration appears which, by addition of ammonia, turns to a beautiful blue.

The possibility of preventing malarial diseases by the administration of quinine, is at present, in view of the colonial enterprises of the German Government, a question receiving considerable attention. The early observations of Dr. Schweinfurt, the noted African explorer, and of Prof. Hertz, of Amsterdam, on the prophylactic value of quinine in malarial diseases, have received a strong confirmation by the experience of Dr. Graeser, of Bonn, which has just been published. The author made five trips to Tandjong-Priok, the harbor of Batavia, Java, which is regarded as the most malarial point in the world, the entire place having been built by laborious dredging on the worst swamp imaginable. Ships stopping at that port frequently lose one-half of their crews;

of an English vessel, stopping there some time ago, the captain alone escaped the malarial infection. The results which Graeser obtained by large doses of quinine, mixed with the daily ration of gin, were such that the prophylactic power of quinine in malarial diseases can no longer be doubted. With the exception of some few cases, in which quinine proved utterly useless, the fever was effectually prevented by fifteen-grain doses of quinine, given every other day. Those moving into a malarial district will no doubt profit by this valuable observation of Graeser's.

In speaking of the papers read at the Cologne meeting of the German Medical Congress, the paper by Dr. Rotter, of Munich, on the *Most satisfactory Medium of Antisepsis*, was not referred to. Dr. Rotter emphasized the unequalled antiseptic virtues of corrosive sublimate and carbolic acid, but regretted that, even in the usually employed solutions, each often gave rise to serious constitutional troubles. An ideal antiseptic agent, in Rotter's view, would be one which, besides insuring prompt and complete antiseptis, could never produce poisoning. This problem Rotter appears to have successfully solved, not by a new drug, but by a combination of many antiseptic agents, each of which, in the quantity present, is absolutely harmless, while their union secures a perfect antiseptis. Rotter's solution contains, in a quart of water:

Corrosive sublimate	gr. $\frac{3}{4}$
(representing a solution of 1 to 20,000)	
Chloride of sodium	gr. iii $\frac{3}{4}$
Carbolic acid	gr. xxx
Chloride of zinc,	
Sulphocarbonate of zinc	aa gr. lxxx
Boric acid	gr. xlv
Salicylic acid	gr. ix
Thymol,	
Citric acid	aa gr. iss.

It will be seen from this formula that, with the exception of salicylic acid, all the drugs are represented only by one-tenth of their usually employed quantities. Citric acid serves to render the solution of chloride of zinc clear, while thymol serves to give the mixture a certain slight definite odor, in order to prevent its being drunk as water. The advantages of this antiseptic medium are said to be: (1) complete antiseptis; (2) absolute harmlessness; (3) ease and cheapness in obtaining it; (4) stability of solution and absence of color and unpleasant odor. Besides, the mixture can be prepared from the drugs by the mere aid of hydrant-water. Thus far the mixture has been tried in 27 surgical and 26 gynecological cases at

the Munich Hospitals, and has given the most satisfactory results. In this connection it is proper to mention the assertion recently made by Dr. Tromp, that peroxide of hydrogen is an ideal antiseptic. In order to sterilize water, it is sufficient, according to his statement, to add one part of peroxide of hydrogen to 10,000 parts of water. To sterilize fifteen minims of water, it required: for 19,600 germs, the contact of one part of peroxide of hydrogen in fifty thousand parts of water for one day; for 34,000 germs, the contact of one part of peroxide of hydrogen to ten thousand parts of water for one day; for cholera bacilli, the contact of one part of peroxide of hydrogen in ten thousand parts of water for five hours; and for typhoid bacilli, the contact of one part of peroxide of hydrogen in five thousand parts of water for one day.

Peroxide of hydrogen is without odor or taste, and in the strength employed is quite harmless. The drug is cheap enough also, as one quart of a pure three per cent. solution costs only thirty cents. To sterilize ten quarts of a liquid, about one fluid ounce of this solution would be required. The advantages of Rotter's mixture, especially when made into pastilles, over Tromp's fluid, are very decided, as will readily be seen.

PERISCOPE.

Hot Baths in Chronic Synovitis.

Dr. G. Allexich, of Crema, states that he has used hot baths with good results in six cases of chronic synovitis of the knee, in some of which the affection was of many months' standing, and had resisted all ordinary treatment. Dr. Allexich makes his patients keep the knee immersed in hot water for half an hour at a time. The joint is placed in the water in a flexed condition, and the patient stands upright, resting the weight of his body on the sound limb and supporting himself with his hands on the backs of two chairs. When taken out of the bath, the knee is carefully dried and wrapped in cotton wool, the joint finally being carefully bandaged. For some days the patient should only go about on crutches. Dr. Allexich thinks that the virtue of various hot springs renowned for the cure of joint affections (such as Acqui, Abano, Viterbo, Ischia, etc.) consists not in their chemical composition, but in their temperature, and that equally good effects can be got at home by the simple means just described.—*British Medical Journal*, September 15, 1888.

Mortality of Pneumonia.

In the *University Medical Magazine*, Nov., 1888, Dr. William Osler discusses the mortality of pneumonia, and disputes the assertion of Dr. Hartshorne that the "mortality of pneumonia to-day is, under similar circumstances, more than twice as great as it was forty years ago." Dr. Osler shows that the statistics upon which Dr. Hartshorne relied to prove his proposition are susceptible of a different interpretation, and says that in our large city hospitals the death-rate in pneumonia always has been, and is likely to continue to be, very high, usually over 25 per cent., often reaching 40 or even 50 per cent. Any slight increase in the death-rate which may have occurred at certain hospitals, he thinks may be reasonably attributed to the enormous increase in the pauper population of the large cities of this country during the past twenty years, which, of course, would cause a very great relative increase in the number of persons who live in conditions rendering them more susceptible to, and less able to withstand, such an affection as pneumonia.

With reference to the cause of death, he says:

"A good many complicated factors combine in an individual to cause death, but, studying the fatal cases of pneumonia as so many lessons from which to learn wisdom for the future, we may, I think, divide them into three groups: 1, those in which the death has resulted from such complications as gangrene, meningitis, ulcerative endocarditis—conditions at present beyond our art to remedy; 2, cases in which death has resulted from mechanical causes, over-distension and paralysis of the right heart; 3, the large group in which death has been due to failure of the general powers under the influence of the high fever, or of the specific poison, or of both combined."

With reference to treatment he says:

"We are likely to be deceived in our therapeutical conclusions unless we bear in mind the unquestionable fact that a very large proportion of all cases of simple acute pneumonia in healthy adults recover without the use of drugs. Careful nursing, feeding, local applications, keeping the bowels open and the skin active, meet the indications. Even in cases of great severity, with extensive involvement of the lung, we see the crisis occur normally under most adverse circumstances. Such a case occurred last session at the Philadelphia Hospital. The patient, admitted on the seventh day of the

disease, had been up and about at his lodging and drinking heavily, and had had neither medical nor domestic care. Although delirious on admission, the crisis occurred on the morning of the eighth day and he entered upon a convalescence as satisfactory in every respect as if he had had the most approved antiphlogistic treatment.

"I have often puzzled over the cadavers of persons dead of pneumonia and asked why should this man have died? Too often the answer is the echo of the question. The cause is evident in many cases in the form of serious complications, such as endocarditis and meningitis. Some years ago I was struck in the post-mortem room, with the cases of young vigorous men, who had died with distended right hearts and systemic veins and extensive, though in some instances limited, areas of consolidation. It seemed as if the heart had failed in over-distension—asystole—and I determined, when the opportunity arose, not to let such cases die without a copious venesection. Clinically, I think, we see this condition in two different periods of the affection. There is an early cardiac embarrassment during the first few days of the disease, leading to slight cyanosis; and in a later period, at the 7th to the 10th day, we see with increasing anxiety the changing color, a dull suffusion, a deepening hue, then the marked cyanosis. Bleeding may be indicated at both these periods. In hospital practice we more commonly see the patients in the latter. For ten years past I have practised free bleeding to the amount of from 20 to 25 ounces in adults, and yet I have to confess to disappointment in my results. I have seen but one case recover after bleeding, out of twelve or fifteen. The cases of bleeding in the late stages have been uniformly fatal. I know it has often been performed with the patient *in extremis*, but it seems imperative to attempt to relieve an over-distended circulatory system. I know it does relieve in the cyanosis of cardiac dilatation from other causes; but in pneumonia there are doubtless conditions other than mechanical. In these cases the administration of oxygen or compressed air is often most serviceable. Complications carry off many, and direct cardiac failure not a few, but both together do not number the cases which we see gradually fail under the continued influence of the fever, the disturbed cardiac-respiratory mechanism and the poison. Here we are often baffled, but in this group we see repeatedly the beneficial effects of the timely use of cardiac and respiratory stimulants."

Experimental Excision of the Pancreas.

At a meeting of the Reale Accademia di Medicina of Turin, July 20, Dr. G. Martinotti described certain experiments he had made as to the effects of excision of the pancreas in dogs and cats. He had first removed the horizontal portion of the organ, and later on the vertical part, taking care to perform both operations at equal intervals of time after the animals had been fed and when the digestive function was in a state of inactivity. On comparing the two portions he found no evidence of compensatory hyperplasia in the one removed last. On removing the whole organ at once, however, except a tiny piece attached to the duodenum and in normal relation to the excretory duct, the stump examined after a certain time had elapsed presented different characteristics according to the extent to which it had been affected directly by the operation. The portion in immediate contact with the duodenum was unchanged, whilst the other extremity, which bore the amputation scar, showed signs of regeneration of the gland structure. There was no sign of increased activity in the liver or in Brunner's glands, which Landois is inclined to look upon as functionally analogous to the pancreas; on the other hand, the intestinal glands had evidently had an increased amount of work thrown upon them. At another meeting Dr. Martinotti exhibited the viscera of dogs from which he had removed the whole of the pancreas; the animals had been killed and dissected in the presence of several medical men the day before. In none was there a trace of peritonitis or of extravasated blood. In a dog on which the operation had been performed on June 23, the intestinal coils were healthy, and quite free from adhesions. A piece of pancreas, of the size of a small chestnut, was attached to the duodenum, with which it communicated by a special duct. In an animal operated on on June 25, and in another operated on on July 14, almost precisely similar conditions were found, the portion of pancreas in the former being of the size of a filbert, and in the latter of a lentil. The gastro-duodenal mucous membrane and the abdominal viscera were normal. On the other hand, in a puppy operated on July 15, which at first appeared to rally from the operation, but which afterward began to waste rapidly, no trace of pancreas was found; the duodenum was bent upon itself, and was adherent to the wound in the mesentery. Through the loop thus formed a knuckle of small gut was

strangled, and the lower part of the intestinal canal was entirely empty. Dr. Martinotti pointed out that the small portion of pancreas left in these cases was utterly insufficient to discharge the functions of the organ; he regarded them as proofs of attempted regeneration, as he was certain he had removed every particle of the gland, with the exception of a few acini, which were intimately connected with the walls of the duodenum, the bile-duct, and the blood-vessels. These acini had formed the starting-point of the regenerative action. He concludes that the pancreas can be removed (from dogs) without any ill effect, if the operation is done with proper precautions, especially as regards antiseptics. The greatest danger connected with the operation is the formation of adhesions, which may lead to strangulation of intestine.—*British Medical Journal*, September 15, 1888.

Transition of Benign Growths of the Larynx into Malignant.

It has been suggested that benign growths of the larynx are liable to become transformed into malignant tumors as a result of intra-laryngeal operations for their removal. This suggestion, if proved to be well founded, would do much to show that Van Bruns's introduction of intra-laryngeal operation for tumors was not the great improvement it has been held to be; but, on the contrary, a very mischievous procedure. The plan of collective investigation has been employed to throw light upon this subject by Dr. Semon, the editor of the *Internationales Centralblatt für Laryngologie, &c.*, and in the July number of that journal the results of the inquiry are briefly given. These are so important that the profession should at once be made fully acquainted with them. Returns have been furnished by 107 observers, who have together recorded 10,747 cases of benign growths in the larynx and 1550 cases of malignant tumors. Of these 10,747 cases of benign growths, 8216 have been submitted to intra-laryngeal operation, and among this number there are 3382 cases of papilloma. An apparent transformation from benign into malignant growths has been noticed in thirty-two instances. Each one of these cases must be submitted to a very careful criticism, but, apart from that, as many as sixteen of the number are marked by those who record them as "doubtful," and they cannot therefore be used. It is quite open to question whether the remaining sixteen cases do not

include examples of "mixed" growths, and it is noteworthy that the tables include twelve cases not submitted to intra-laryngeal operation, in which a similar change in the nature of the growth was thought to be noticed. But putting aside this view altogether, we are met with this supposed change in one case out of every 513 cases thus treated. It must be at once admitted that if the operation had any appreciable influence in modifying the nature of a neoplasm, the proportion of cases in which it would be observed would be much greater than this. Considering the enormous advantages the intra-laryngeal method of operating possesses, it is a matter of considerable satisfaction that it is thus conclusively shown not to be attended with the grave danger that has been suggested in some quarters.—*Lancet*, July 7, 1888.

Codeine in Diabetes Insipidus.

Mr. Melville Jay, of Adelaide, South Australia (*The Australasian Med. Gazette*, vol. vii, No. 7, p. 166), believes that the following history will plainly prove that in some cases of polyuria codeine has a well-marked effect. A married woman, 37 years old, with no children, enjoyed good health up to twenty-six years of age. At that time she noticed a great increase in the amount of urine passed; either immediately preceding this event, or simultaneously with it, she suddenly ceased menstruating, and she has never had any return of her menses since that time. She was told that she was suffering from diabetes mellitus; the average daily amount of urine was thirty-two pints. She remained in this condition for two years, when no trace of sugar could be found in the urine. The daily excretion, however, has never fallen below fifteen pints, the average being from twenty to twenty-four pints without any return of sugar. Mr. Jay, on commencing attendance on the case, found twenty pints passed *per diem*; specific gravity 1003; no trace either of sugar or albumin; no casts; great tenderness of the posterior wall of the vagina and well-marked vaginismus, preventing intercourse for the past four years; uterus small, but healthy. She was inclined at times to be hysterical. He commenced by giving her a pill three times a day containing a quarter of a grain of codeine and half a grain of extract of nux vomica. On the second day the quantity of urine fell to nine and a half pints, on the third day to six pints, on the fourth day to four and a half pints. For two months after

this she continued the same treatment, gradually increasing the amount of codeine to one grain three times a day; the daily amount of urine passed varied from four to six pints. She then ceased taking the medicine for a few days, whereupon the quantity rose to eight pints; but it was again reduced to five pints on returning to the codeine. The dose of the drug was purposely not increased to any great extent.—*Practitioner*, August, 1888.

Tubercular Peritonitis.

The *Archiv für klinische Chirurgie* publishes a paper by Dr. Kimmel, of Hamburg, on peritoneal tuberculosis. He says that many physicians even now believe that tubercular peritonitis is always a symptom of general tuberculosis. There are, however, many cases to prove that this form of tuberculosis is as purely a local affection as tubercular disease of the bones and joints, and that it is curable by surgical means. The earliest case on record was that operated on by Sir Spencer Wells in 1862, when he performed laparotomy with the view of removing an ovarian cyst. Finding that he had tubercle of the peritoneum to deal with, he drained it, and the patient was still in perfect health in 1887. Kimmel has collected forty cases of operation for tuberculous ascites. Two of the patients (both operated on by Naumann) died of pyæmia; thirty-eight recovered from the operation; only three of these died afterward of phthisis. Thirty-five remained healthy up to the date of the report; they had increased in weight, and their health was excellent; even the symptoms of pulmonary phthisis disappeared in some cases. Thirty-nine patients were of the female sex. In each case an erroneous diagnosis was the cause of the operation. The disease was always supposed to be a tumor of the ovary, or some other abdominal tumor with liquid contents. Only once the ascites was found in the course of an operation for ileus. The symptoms of the disease are those of circumscribed ascites, but the affection may also simulate tumors of various kinds, for, by adhesions of the intestines, there are formed pockets and cavities, receptacles of pus, serum, etc. The favorable results of the operation justify laparotomy for peritoneal tuberculosis in every case in which it is possible to recognize the affection. Even the existence of pulmonary phthisis does not contra-indicate the operation.—*British Med. Journal*, July 7, 1888.

Double Aneurism of the Ascending Aorta.

At the meeting of the Baltimore Academy of Medicine, Feb. 21, 1888, Dr. Thomas F. Murdoch reported the following case of double aneurism of the ascending aorta, and said that on February 13, at 8 P. M., he was summoned to see Mr. B., and found him complaining of nausea, great pain in the epigastric region (which was very sensitive to pressure), eructating great quantities of wind, and his heart beating so tumultuously that it was impossible to determine if there was any disease of the valves. The patient said that he had had dinner at 3 o'clock, consisting of a beefsteak and a potato, and shortly afterward was seized with nausea, pain in the stomach, and tumultuous action of his heart, which obliged him to go home, but he did not send for Dr. Murdoch until the hour above named. Dr. Murdoch prescribed an antispasmodic mixture and after giving two doses, he left the patient somewhat relieved and ordered a dose of castor oil to be taken in the morning. He was disposed to give him an emetic, but the patient said that he was never able to vomit. Dr. Murdoch was again called at 1 A. M. the next day, and found the patient still suffering; he ordered an enema, and at his own suggestion gave him half a tumbler of Hunyadi water. The enema brought away some hardened feces, and, at the same time, the patient vomited some fluid, but nothing that he had eaten. He expressed himself as feeling much better than he had done since he was first taken sick. Dr. Murdoch remained with him until 4 A. M., and left him comfortable, although his heart was acting tumultuously.

Dr. Salzer met Dr. Murdoch in consultation at 9 A. M. Dr. Salzer had attended Mr. B. last summer at Bedford Springs. He agreed with Dr. Murdoch that the action of the patient's heart was sympathetic and said that he had frequently examined both the heart and also the urine, and he was certain there was no disease of either heart or kidneys. Dr. Salzer treated the patient for gastric trouble. After much consideration they determined to give him 20 grains of ipecac in compressed pills, which instead of vomiting him, had the most soothing effect, and he got some sleep, the first he had had. After fifteen minutes, the ipecac was repeated, and he slept for nearly two hours, waking occasionally. Dr. Salzer left at 11.30, considering him much better. Dr. Murdoch remained until 12.30, thinking then that he could leave him for an hour or so,

but he had not been away more than thirty minutes when the patient expired suddenly.

At the autopsy made by Dr. Councilman, both lungs were found to be œdematous. In the left pleural cavity was about one ounce of clear serum. The entire heart was enlarged, both ventricles, especially the left, somewhat dilated. The wall of the left ventricle slightly thickened. The muscular tissue of heart flabby. All the valves of the heart were normal. The aorta atheromatous in its entire extent. In the aorta just above the aortic valves were two aneurisms, one opening into the sinus of Valsalva behind the right anterior valve and one behind the posterior valve. The one to the right was of the size of a black walnut, its opening into the aorta about three-fourths of an inch in diameter. The aneurism opening behind the posterior valve was not larger than a small hazel-nut.

In the wall of the right auricle there was an area about one inch in diameter where the wall was thin, anæmic and in the middle of this a ragged opening the size of a No. 14 catheter which passed directly into the larger aneurism. Both aneurisms contained red coagula.

Case of Suicide, with Numerous Wounds.

In the *Prager med. Wochenschrift*, March, 1888, Prof. Von Moscha communicates the case of a man, 51 years of age, who was admitted into an asylum on account of insanity, and after an interval of two months had apparently so far recovered as to be entrusted with a knife for the purpose of cutting an apple. In the night following he was found covered with numberless wounds, from which blood was abundantly flowing, and died the succeeding evening. Amongst other wounds, more than 200 were found on the left half of the chest, 50 on the inner side of the left forearm, and 28 small wounds on the inner side of the right forearm. The left radial and ulnar arteries were divided. On section, six of the wounds on the left side of the chest were found to have penetrated the thorax through the intercostal muscles; the ribs and sternum were not injured. Blood was found in the left pleural cavity, compressing the lung, which was otherwise uninjured. In the anterior mediastinum and on the fat deposited on the pericardium, blood was effused; the heart and pericardium were uninjured. The wounds were made with a small-bladed knife; death was caused by hemorrhage.—*Medical Chronicle*, September, 1888.

Cardiac Complications in Rheumatic Fever.

In a communication to the *Practitioner*, August, 1888, on the form and frequency of cardiac complications in rheumatic fever, Dr. Samuel West says that during the six years that he was Medical Registrar at St. Bartholomew's Hospital, he collected a number of statistics bearing on the subject of rheumatic fever. He gives the results of these in the present paper.

The cases were taken without selection from the ordinary practice of the hospital, and therefore had been treated in various ways. To most salicylate of sodium in frequent doses had been given until the pain was lost, the doses being then reduced. All were placed on low diet, purges administered when necessary, and absolute rest enforced until the pains had been absent for some days; if an increase in diet was then tolerated without return of pain the patient was allowed to get up. He believes that, speaking generally, the patients were kept in bed longer than is usual in many other places.

Accompanying his paper are tables showing the distribution of the cases at the different ages and in the different attacks. The most important part of the statistics, however, deals with the frequency of cardiac complications and their nature at the different ages, in the two sexes, and in the different attacks.

The total number of cases under observation during the six years was 1,137; and as only 15,552 cases of all kinds were admitted during the same period, it is seen that rheumatic fever must be a very common disease, forming, according to these statistics, 7.31 per cent. of all cases. The only other diseases which approached it in percentage frequency were typhoid fever, pneumonia, and phthisis. Death occurred only fifteen times in the 1,137 cases, giving a rate of 1.32 per cent. Of the fifteen deaths, no less than nine occurred in children under ten years of age, so that the mortality in adults must be much lower, say about 0.5 per cent. The cause of death, he says, was found in all cases. There was only one instance of hyperpyrexia, and that recovered after cold bathing.

Out of the 1,137 cases, 619 were in males, and 518 in females, or nearly in the ratio of six males to five females. As regards age, 61.4 per cent. of the cases occurred between the ages of fifteen and thirty years. The average age of the patients at the time of the first attack was in males 22.43, and in females 22.16 years.

Of the whole number of cases (1,137) 70.86 per cent. developed cardiac complications. In this estimate Dr. West included only those who left the hospital with distinct murmurs. When the figures for the two sexes are examined, it will be seen that although the number of cases of rheumatic fever is larger in males, the percentage of heart disease is smaller—64.16 in males as against 77.56 in females. In other words, the risk of cardiac complication is greater in females than in males.

After giving the relative frequency with which the different valves and the pericardium are affected, Dr. West says, in conclusion, that the conviction has been growing in his mind that heart disease is an almost essential part of rheumatic fever.

Scarlatinal Otitis Media.

Voss (*Archiv für Orenheilkunde*, xxvi, S. 231) calls attention to a late form of otitis media occurring in the course of scarlet fever, which depends upon the nephritis accompanying the fever. With the diminution of the secretion of urine and the accompanying fever, also frequently preceding these, there occurs difficulty in hearing, with pain in one or both ears. Then come the physical signs of redness of the mucous membrane of the throat, "hyperemia of the auditory canal, in which the drum-membrane participates but little or not at all, but no exudate." If an increase in the quantity of urine occurs, all these symptoms may disappear. If, on the other hand, it remains very small, then quickly occur exudation, redness and swelling of the drum-membrane, perforation of the latter, and at first a serous followed by a sero-purulent discharge. The secretion, which is very copious at first, becomes less but continues, and is sometimes a direct measure of the degree of albuminuria present. If the secretion is scanty, an examination of the urine shows diminution of the albumin and increase in the amount of urine, and *vice versa*. Increase in the secretion corresponding to an increase in the quantity of albumin and inversely proportional to the quantity of urine, is more striking to the eye. If the albuminuria disappears quickly, the otitis media lasts ordinarily about one or two weeks. Hearing becomes normal. If the albuminuria is protracted in its duration, the otitis may heal first. Treatment must be directed to the nephritis as well as to the ear-disease. —*Centralblatt f. d. med. Wissenschaften*, September 1, 1888.

Tissue Changes in the Human Fœtus.

A paper by Dr. Dührssen, of Berlin, in the *Archiv für Gynäkol.* (Bd. xxxii, 4, 3), gives the result of some recent investigations into the subject. After giving benzoate of soda and glyocol, as Gusserow had previously done, to women in labor, he was able to confirm his chief's investigations as to the presence of hippuric acid in the urine of the child when born and likewise in the liquor amnii. In six cases, however, he found benzoic acid but no hippuric acid in the placenta. The statement of Ahlfeld, therefore, that the benzoic acid became converted into hippuric acid before it reached the fœtus, was proved to be incorrect. In three of the cases, hippuric acid was also found in the urine; it must therefore have been formed in the fœtus from benzoic acid and glyocol. Hippuric acid was not so constantly met with in the liquor amnii; but its presence there proved urination on the part of the fœtus into it. As it was not constantly present, however, the author assumes that urination does not take place continuously. He believes that the kidneys are active as early as the second half of pregnancy, that the liquor amnii is a secretion from the kidneys of the fœtus and not a nutrient fluid. From the absence of benzoic acid in the liquor, it follows that there is no transudation into it through the maternal decidua in the latter half of pregnancy. Another point demonstrated by the investigation is that the liquor amnii is not in part a transudation from the vessels of the cord, otherwise the benzoic acid which reaches the fœtal circulation as such would also be met with in it. A proof of the activity of fœtal tissue changes, if such were needed, lies in the fact that the whole of the hippuric acid was excreted from the fœtal kidneys within twenty hours of the administration of the benzoic acid to the mother, and this shows also that labor had no influence in retarding the changes. If the benzoic acid was given twenty hours before the birth of the child, its urine showed no trace of hippuric acid; it had all been emptied into the liquor amnii before the completion of the act of parturition. The benzoic acid appeared in the placenta within three-quarters of an hour of its administration. Reckoning the quantity of albumin passing to the fœtus from the maternal blood by the proportion of the benzoic acid given to the mother that passed through the placenta, it was estimated that it received about 80 grains daily.—*Medical Press and Circular*, September 12, 1888.

Primary Tubercular Tumor of the Larynx.

Dehio (*St. Petersburger med. Wochenschrift*, No. 16, 1888) reports a case of primary tubercular tumor of the larynx occurring in a man 41 years old, who had no recognizable disease of the lung. The tumor arose from the left ventricular band, had a broad base and included nearly the whole length of the band. The tumor reached to the median line of the chink of the glottis, covering in quiet breathing nearly the whole vocal cord; it was of a bright green color and presented a flat-backed, irregular surface, whose separate rounded elevations were from the size of a pin-head to that of a millet seed. There was no ulceration. All the rest of the mucous membrane was swollen and reddened; the right ventricular band a good deal thickened. Dehio thought the possibility of a malignant growth was not excluded, and for this reason the larynx was split and the tumor extirpated by Wahl. The tumor was then found to be made up of thick layers of tubercle nodules closely set. Following the operation, remittent fever, cough and thoracic pain developed; emaciation increased, profuse night-sweats occurred, and the patient died seven weeks later with marked symptoms of tuberculosis of the lungs.

W. Lublinski remarks upon this case that infiltrations of the larynx of this kind, with punctiform infiltration, are not so rare, and in his opinion are not to be reckoned among the tuberculous tumors of the larynx first observed by Schnitzler and Mackenzie.—*Centralblatt f. d. med. Wissenschaften*, September 1, 1888.

Hydrastis Canadensis in Vesical Hæmaturia.

In the Moscow monthly *Novosti Terapii*, May, 1888, p. 192, Dr. F. Stroinovskiy draws attention to a powerful contracting action of hydrastis Canadensis on the blood-vessels of the bladder. For the sake of illustration, he adduces a striking case of intense vesical hæmaturia in an infant seven days old, in which the bleeding was completely and permanently arrested by four doses of the following mixture:

R Extr. hydrastis Canadensis fluidi . gtt. vi
Emulsionis amygdalæ dulc. . . . f 3 i

M. D. S. A teaspoonful every hour.

A warming compress over the vesical region was also used.

Rhus Aromatica in Enuresis Nocturna.

In the Moscow bi-weekly *Meditzinskoïe Obozrenië*, No. 7, 1888, p. 709, Dr. N. Gündobin, of Professor N. A. Tolsky's pediatric clinic, writes that following the recommendations of Ellis, Max and Unna, he tried fluid extract of *Rhus aromatica* in 18 cases of enuresis nocturna, mostly of an idiopathic or neurotic origin, the patients being boys and girls from four to twelve years of age. The dose varied from six to twenty drops twice daily. In twelve of eighteen cases, most brilliant results were obtained, a permanent cure ensuing after the treatment of from seven to twenty-one days' duration. No relapses occurred in any of the patients, some of whom were seen again by Dr. Gündobin about a year after their recovery. In the remaining six cases the drug proved either wholly inactive, or brought about only a slight decrease in frequency of the patient's involuntary micturition. The unsuccessful cases included two of a post-scarlatinal enuresis nocturna; one of organic disease of the spinal cord (with enuresis diurna and nocturna), etc.; in short, in this category of cases the affection was of a secondary and not of an idiopathic origin. Dr. Gündobin never saw any untoward accessory effects from the drug. Children are said to take it quite readily.

Rare Ectopia of the Heart.

This anomaly was observed by M. Potěenko (*Vratch*) in a female child several hours after its death. The heart, which was as large as a hen's egg and absolutely without pericardium, was outside the thoracic cage upon the anterior wall of the latter, and a little to the left. The apex of the heart was directed upward, the base downward. The thorax was closed in all directions with the exception of an opening about the size of a ten-cent piece, through which the great vessels passed. This opening, which was so completely filled by the large vessels that it was impossible to introduce the finest probe, was near the anterior insertion of the diaphragm, under the inferior border of the cartilage common to the seventh, eighth, ninth and tenth ribs, a little toward the left of the median line. The parents of the child unfortunately refused to permit an autopsy. According to the testimony of the priest, the child was born living, and lived for about an hour. The heart could be seen to contract rhythmically.—*Bulletin Medical*, August 29, 1888.

Frequent Micturition in Women.

Alexander Duke says this distressing complaint is commonly met with among women suffering from internal disease, and the diagnosis of the cause is sometimes by no means easy. In cases in which, after careful examination, the urine itself as a source of irritation can be excluded and the uterine symptoms complained of are not sufficient by reflex action to account for the continual annoyance, he has remarked in a great number of these cases an unnatural appearance of the meatus urinarius, the opening being much smaller and rounder, reminding one somewhat of the pin-hole as seen in conjunction with conical cervix uteri.

This description of case he says is comparatively easily cured by forcible dilatation of the meatus or urethral canal, but he has noticed a rather curious phenomenon to occur during the process, that is, the escape of a considerable quantity of urine when the blades of the dilator are freely opened (and this after the bladder had been but a few moments before to all appearance fully emptied by the catheter), the amount of urine escaping being fully equal in some cases to that previously removed.

Dilatation of the urethral canal he finds the most useful treatment in all cases in which the urine is normal, and spasm and irritability are complained of; but when there is a manifest want of tone in the bladder, a mixture containing tinct. of the chloride of iron, cantharides, and nux vomica has always given him satisfactory results. A blister over the sacrum has been found useful in exceptional cases. The galvanic battery he uses as a *dernier ressort*, and has had most satisfactory results in some apparently hopeless cases, one patient having worn a urinal for more than five years, night and day, previous to his seeing her.

Paralysis of Motor Bulbar Nerves in Graves' Disease.

G. Ballet (*Gazette Hebdomadaire*, No. 9, 1888) states that a man 34 years old developed all the symptoms of Graves' disease as the result of violent excitement caused by a fall into the sea. At the same time occurred hysterical symptoms—left-sided anæsthesia, diminution of the sensibility of the right half of the body, globus hystericus, etc. Subsequently the patient developed a complete exterior ophthalmoplegia and a bilateral facial palsy. Ballet thinks it is more than probable that the symptoms in this and also in other cases of Graves' disease are to be referred to a bulbar origin.

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TESTING HYPNOTICS.

One of the most interesting and instructive papers which has appeared in the medical journals for some time is that of Dr. Ottomar Rosenbach, of Breslau, in the *Berliner klin. Wochenschrift*, June 11, 1888, entitled: "Remarks on the Method of Testing Hypnotics." The greatest merit of this paper is that it discusses in an admirable way the ideas which should govern experiments in regard to the therapeutic value of hypnotics in general, and that it suggests thoughts which would be valuable if applied to similar experiments in regard to any medication. So far as hypnotics are concerned, Rosenbach remarks that we must never fail

to recognize the fact that loss of sleep may depend upon peculiarities of the individual, as well as upon peculiarities of his ailment. A careful study of these two elements in any case of sleeplessness, if successful, would furnish a clear indication as to the particular hypnotic which should be administered, while neglect of such a study would leave the physician to blind and often fruitless attempts to find out what his patient required.

One advantage of such a method as Rosenbach recommends is that it would often lead to the use of comparatively mild and relatively innocent hypnotics, instead of those more energetic ones which are likely to be followed by disagreeable after-effects. Of these, morphia furnishes perhaps the most striking illustration, and it is probably safe to say that the half is not known of the danger of an unwise use of this drug. The same may be said in regard to chloral, and it is one of the signs of a progressive spirit in the medical profession that unceasing effort is directed toward finding remedies which shall secure sleep in cases to which these remedies are but imperfectly applicable.

Among the best of those recently proposed are amylene hydrate and sulphonal, and we have acquainted the readers of the REPORTER, from time to time, with the results claimed for both of these hypnotics. The latest claimant for professional acceptance is sulphonal, which has been very strongly recommended, especially by Rosenbach, as a perfectly safe, simple, and efficient hypnotic for insomnia. It has not produced equally good results in the hands of all who have used it; but we incline to the opinion that if it were employed with the careful study of the peculiarities of the disease and of the patient which Rosenbach advises, it would not prove disappointing. Some of the disappointments which have been reported may have been attributable to the use of sulphonal in cases to which it was not suited. Others may

have been due to the administration of an impure or imperfect article. But no one could read the statements of Rosenbach as to the method he has employed in testing sulphonal without being convinced that it has very valuable properties as a hypnotic for cases of sleeplessness not due to pain or to extreme nervous excitement. Its best field of operation seems to us to be in cases of pure insomnia, and we would advise the readers of the REPORTER to give it a fair trial in cases of this sort, and to communicate their experience to their professional brethren.

THE CHAIR OF SURGERY IN THE UNIVERSITY OF PENNSYLVANIA.

Within a very short time of the announcement that Dr. William Osler had resigned the chair of Clinical Medicine at the University of Pennsylvania, the friends of this institution have been pained to hear that Dr. D. Hayes Agnew had resigned the chair of Surgery. This news was not exactly correct; but Professor Agnew has indicated a desire to lay down the duties of his office as soon as his colleagues and the Trustees of the University will consent to part with him. The pressure of his very large private practice has for some time made it very difficult for him to meet his classes regularly, and he has been able to do this only at a cost of great personal sacrifice.

The prospect of losing the benefit of Dr. Agnew's services as a teacher is one which the friends of the University must regard with deep regret, and we sincerely hope that this loss will be deferred as long as may be consistent with his personal comfort. But the fact that he seriously contemplates resigning his chair necessarily brings forward the question of choosing his successor. Already the names of a number of surgeons have been mentioned as candidates for the position, and the selection from them will undoubtedly be made only after a very active canvass.

The choice will call for the exercise of great judgment on part of the Trustees of

the University, because Dr. Agnew's skill as a surgeon, ability as a teacher, and unimpeached integrity as a man have made an ideal which ought to be maintained in his successor. Whenever the time for making this choice shall arrive, we trust that it will fall upon a man who will add new lustre to the University and contribute to its further advance in the career of honor and usefulness which it has so long pursued.

CHYLURIA.

The nature of Chyluria is still so little understood, that every intelligent study of this disorder is deserving of attention. Such a study was made by the late Dr. Goltze, of Jena, and is described in a little book published last year and reviewed in the *Berliner klin. Wochenschrift*, June 11, 1888. It contains an account of the history of a patient who was for a long time under observation in the medical clinic of Jena—a hysterical woman, twenty-one years old, who had had repeated attacks of rheumatism. The most striking feature of the case was a progressive diminution of the area of lividness. The proportion of fat in the urine was nearly constant, and the filtrate was usually clear. Dr. Goltze was led, by his study of this case, to the conclusion that, in chyluria, the urine is excreted in the characteristic condition, and that the condition is not due to a mixture of chyle or lymph with the urine after the latter is excreted in the kidneys.

Careful observation of the patient under varying conditions of diet led Dr. Goltze to believe that the alterations in the urine were not dependent upon the amount of fat ingested, but that they did bear a constant relation to the amount of albuminous food eaten, and that a vegetable diet was more suitable for patients with this disease.

This practical conclusion is, perhaps, the most important one suggested by this case; although it is interesting to note, and it may be profitable to follow up, the theory that chyluria is dependent upon a disease or disorder of the liver. There is much force

in the arguments with which Dr. Goltze supports this opinion, and we commend it, as well as his suggestion as to the diet of patients with chyluria, to the attention of our readers.

LAPAROTOMY FOR GUNSHOT WOUNDS.

As we have already stated in the REPORTER, May 12, p. 611, quite an animated discussion has recently taken place in Paris in regard to the propriety of immediate and exploratory laparotomy in cases of gunshot—that is to say, pistol-shot—wound of the abdomen. Dr. Paul Reclus has strongly opposed the performance of laparotomy before there are distinct evidences of perforation of the bowel or of peritonitis. His opinion rests largely upon his experience in a few cases, in which expectant treatment was followed by recovery. On the other hand, he cites only four cases of immediate laparotomy for shot-wound of the abdomen as having been performed in France.

It seems strange to find so great a difference between the practice of French and American surgeons as is shown in this matter. Here immediate laparotomy may be said to be the rule in these cases, and to be no longer a rare operation. This is due to the fact that we have now a great many surgeons who have no fear of the peritoneum, and who know how to conduct operations on the contents of the abdomen in such a way that the mere operation adds very little indeed to the risks the patient runs.

With abdominal surgery at such a point of development as it is in Philadelphia, for example, there seems no good reason why penetrating wounds of the abdomen should not be followed by immediate laparotomy, with all the advantages this can bring of accuracy in diagnosis and effectiveness in treatment.

Of course this does not mean that everybody who sees a case of this kind would be justified in doing laparotomy; but it does mean that the operation of laparotomy,

properly performed, should be regarded as a relatively safe and absolutely useful procedure in the management of cases of penetrating wound of the abdomen.

TREATMENT OF PLACENTA PREVIA.

In an article in the REPORTER of May 19, 1888, Dr. Noble discusses the methods of treatment that have been employed in treating placenta previa since the days of Paul Portal, who was the first to publish the real nature of this complication of pregnancy and labor. There are many points of interest in this historical summary. Not the least interesting is the fact that Portal himself employed a very excellent plan of treatment, with good results. Indeed, had he but known and used the method of combined version, instead of internal podalic version, his method would have been hard to improve upon; for he recognized the importance of delivering the woman as soon as a diagnosis of placenta previa was established, and also the need of gentleness in extracting the fetus. The most gratifying feature of the article is the evidence of the great reduction in the maternal mortality brought about by methods of treatment introduced during the last forty years. Instead of a maternal mortality of thirty or forty per cent., operators can show more than ninety-five per cent. of mothers saved.

In view of the present knowledge of this subject, it is painfully evident that many lives have been sacrificed to the application of false theories. *Accouchement forcé* has sent many women to their graves, from shock, rupture of the uterus, or post partum hemorrhage. The dread of undertaking premature delivery, for fear the cervix should dilate with difficulty, or version be rendered difficult, which so long influenced the profession, undoubtedly was the cause of death to many mothers and to more children. The mother might not die after any of the hemorrhages which occurred during pregnancy, but she was so weakened thereby as to be unable to withstand the shock of

the labor and attendant hemorrhage; or, escaping death from these causes, she fell an easy prey to septicæmia. The results of the practice of inducing premature labor, popularized by Greenhalgh and Thomas, have amply disproved the older views. The too-prolonged use of the tampon in unsuitable cases, without antiseptic precautions, has unquestionably swelled the death-list. Someone has remarked that the tampon gives a false sense of security. The abuse of ergot and early rupture of the membranes have also been the cause of death in some cases. The failure to employ the Braxton-Hicks method of combined version, instead of internal podalic version, is still the cause of fatal results. Time and blood are wasted in waiting for the os to dilate sufficiently to introduce the hand without violence into the uterus, when one or two fingers only are necessary, and these can almost always be introduced, even before labor is begun.

Except in cases of lateral or marginal placenta previa, or where hemorrhage is insignificant, the method of Hicks or that of Murphy should be employed. Hicks's method, in ninety-three cases, saved ninety-two mothers. Murphy lost no mothers in twenty-three cases. Each method has, theoretically, some advantages to the fœtus. By the method of Hicks, the advantages, without the disadvantages, of early rupture of the membranes are obtained. The uterus is allowed to contract down, and thus lessen hemorrhage; and, except in complete placenta previa, the placenta can ascend with the dilating lower uterine segment, thus preventing a certain amount of utero-placental separation, and consequent interference with fœtal blood-changes. On the other hand, Murphy's method allows of quicker labor without endangering the mother, which counterbalances the deliberate partial separation of the placenta. Murphy's method seems to include the good features of that of Barnes. Unfortunately for the infant, no plan of treatment seems materially to improve its chances.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

CHEMICAL EXPERIMENTS FOR MEDICAL STUDENTS, ARRANGED AFTER BEILSTEIN. BY W. S. CHRISTOPHER, M.D., Demonstrator of Chemistry, Medical College of Ohio, Cincinnati, 16mo, pp. 84. Cincinnati: Robert Clarke & Co., 1888. Price, \$1.00.

The second edition—for the sale of the book will probably demand one—of this manual for students will be better than the first, as there are numerous errata noticed at the beginning of the work, and other mistakes and discrepancies are to be found in the text.

The general plan and many of the tests of this excellent handbook have been taken from the works of Beilstein, the celebrated German physiological chemist. Most of it meets with our hearty approval, but one or two points where amendment would be advantageous may be pointed out in the interest of the author as well as of his readers. Some of the reactions given would be better understood by the student if they were more fully explained, as when magnesian fluid is used in testing for phosphoric acid; others might easily, we think, be written more simply, as the reaction No. 2 under arsenic; and one or two of the reactions described are actually wrong, as for example that in Reinsch's (not *Reinch's*) test for arsenic. Ammonium hydro-sulphide is erroneously called ammonium sulphide, and objection might also be raised to the word alkalinize. Excepting in these points, the book has much to commend it to favor. The tests are, as a rule, well chosen, and the laboratory application of preparing and using them is in some cases exceptionally good. The book is well calculated to meet the want it was intended to supply, and may be heartily commended to the notice of our readers.

A MANUAL OF GENERAL PATHOLOGY. BY JOSEPH FRANK PAYNE, M.D., Oxon., F.R.C.P., Physician and Joint-Lecturer on Pathological Anatomy at St. Thomas's Hospital; etc., with one hundred and fifty illustrations. Large 8vo, pp. 528. Philadelphia: Lea Brothers & Co., 1888. Price \$3.50.

The preface to this very handsome book states that it is intended to provide medical students with an introduction to general pathology; but it does more than that, for it covers a wide range of subjects in a manner which carries it far beyond what might be expected of a mere introduction to this important study. It is not so full in this description of pathological histology as some of the larger works on pathology which are now accessible, but it devotes more attention to the study of etiology; and for this reason is more adapted to the needs of the general practitioner than to those of the special student of pathology. This makes the book of peculiar value to men engaged in the practice of medicine, but, at the same time, its excellent arrangement of subjects, clearness of description, and admirable illustrations will commend it, we believe, to all who wish a trustworthy and interesting guide in the study of general pathology. It is the result of careful personal observation and thorough familiarity with the work of other laborers in the same field of investigation, and may be heartily commended to the attention of our readers.

PAMPHLET NOTICES.

[Any reader of the REPORTER who desires a copy of a pamphlet noticed in these columns will doubtless secure it by addressing the author with a request stating where the notice was seen and enclosing a postage-stamp.]

SECTION OF CONTRACTURED TISSUES ESSENTIAL BEFORE MECHANICAL TREATMENT CAN BE EFFECTUAL. BY LEWIS A. SAYRE, M.D., New York. From the *Transactions of the Ninth International Medical Congress*. Vol. III. 14 pages.

ON THE DELETERIOUS RESULTS OF A NARROW PREPUCE AND PREPUTIAL ADHESIONS. BY LEWIS A. SAYRE, M.D., New York. From the *Transactions of the Ninth International Medical Congress*. Vol. III. 16 pages.

144. ADDRESS IN MEDICINE. BY EDWARD R. MAYER, M.D., Wilkes-Barre, Pa. From the *Transactions of the Medical Society of Pennsylvania*, June, 1888. 29 pages.

145. A STUDY OF THE ARTERIES AND VEINS IN BRIGHT'S DISEASE. BY ARTHUR V. MEIGS, M.D., Philadelphia. From the *Medical Record*, July 7, 1888. 31 pages.

146. BIENNIAL REPORT OF THE PRESIDENT OF THE BOARD OF HEALTH TO THE LEGISLATURE OF THE HAWAIIAN KINGDOM. Session of 1888. Honolulu: 1888. 87 pages.

147. A CASE OF LEUCÆMIC RETINITIS. BY GEORGE E. DE SCHWEINITZ, Philadelphia. From the *American Journal of Ophthalmology*, April, 1888. 4 pages.

148. SOME CASES OF HABIT CHOREA, AND THEIR TREATMENT. BY G. E. DE SCHWEINITZ, M.D., Philadelphia. From the *Transactions of the Philadelphia County Medical Society*, May 9, 1888. 8 pages.

—In this pamphlet, which is abundantly illustrated, Dr. Sayre describes what he means by "contractured" tissues as compared with what he designates as "contracted" tissues. For the former he believes that complete division must precede any attempt to correct deformity by means of mechanical appliances. The results obtainable by the method he advocates are illustrated by the description of a number of cases in which he practiced it, and the pamphlet concludes with a report of the discussion which followed Dr. Sayre's address.

—This pamphlet gives the views of Dr. Sayre upon a subject to which he called the attention of the profession nearly twenty years ago, and which led to a rather free and indiscriminate employment of the operation of circumcision in a variety of neuroses in young boys. Dr. Sayre does not approve of this excess, and advises slitting the prepuce and liberating the glans rather than circumcision.

In the discussion which followed his paper, Dr. Willard, of Philadelphia, advocated stretching and retracting the prepuce as preferable to any cutting operation, and his remarks form an exceedingly valuable supplement to those of Dr. Sayre. The whole pamphlet is very interesting and instructive reading.

144. Dr. Mayer's address contains an interesting and instructive general review of the present state of medical science, but one which is hard to describe, because it covers so much ground. Those who read it will find much that will entertain them, and much which will prove suggestive in the discharge of their professional duties; for he presents many important scientific truths in an unusually attractive manner.

145. Dr. Meigs's paper, which is illustrated with thirteen representations of the microscopical appearances of the minute blood-vessels in Bright's disease, contains a scholarly discussion of the nature of this complex malady. With due deference to the opinions of other investigators, and a due appreciation of the difficulty of drawing reliable conclusions from the most carefully conducted observations, Dr. Meigs states his own opinion that the most characteristic pathological changes in Bright's disease are found in the intima of the arterioles; and he is not disposed to attribute so much importance to the alterations found in the nerves, as Dr. DaCosta does, as stated in his pamphlet which we noticed in the REPORTER, Oct. 27, p. 539, 1888. We heartily commend his paper to the attention of our readers, as a very valuable contribution to the study of a disease which is still unfortunately very obscure.

146. Dr. N. B. Emerson, in this Report, presents an exceedingly interesting account of the state of public health in the Sandwich Islands, which contains, among other things, very valuable contributions to our knowledge of leprosy. It is important to note the opinion of one who has such unusual opportunities for observation that leprosy is a contagious disease, and that it is practically incurable by medication. We cannot do more than indicate the interesting character of this report, and commend it especially to the attention of those who are interested in leprosy, as furnishing valuable data for forming an opinion in regard to this disease.

147. Dr. De Schweinitz describes a case of retinitis due to splenic leucocythæmia which was under careful observation for some time at the Hospital of the University of Pennsylvania. The results of the observations made then are well detailed, and the account is a useful addition to the literature of the subject.

148. Dr. De Schweinitz, in this paper, gives an account of the history of seven cases of that form of chorea to which Dr. Weir Mitchell has applied the descriptive term "habit chorea." They admirably illustrate the advantage of correcting errors of refraction in such cases, and furnish Dr. De Schweinitz an opportunity to call attention to the importance of noticing and curing disorders of the conjunctiva when these are found associated with chorea.

LITERARY NOTES.

In January, 1889, there will be issued from the press of A. L. Chatterton & Co., New York, a new quarterly, entitled "*The Journal of Ophthalmology, Otology and Laryngology*." It will be edited by George S. Norton, M.D., assisted by Charles Deady, M.D. Subscription price \$3.00 a year. The Journal will be devoted to original articles upon the three specialties, and, in addition to original papers by prominent writers, the material found at the N. Y. Ophthalmological Hospital will be utilized.

The University Magazine is the name of a monthly medical magazine the first number of which is dated October, 1888. This number contains sixty-eight pages, the size of that of the REPORTER, with original articles from men connected with the University of Pennsylvania, and news of the various medical departments of this institution. It is likely to prove very interesting to all who have an interest in the University of Pennsylvania, and, if the promise of the first number be borne out, it will be valuable to all who are interested in the medical sciences. The price is \$2.00 a year, in advance.

CORRESPONDENCE.

The Prevention of Conception.

TO THE EDITOR.

Sir: My attention has been arrested by your appeal to physicians to interest themselves in the question of the prevention of conception in the married state. You say very justly that they are often appealed to in private, but refrain from discussing the subject in the medical journals from deference to a false idea of its propriety. But the cause of good morals demands that the subject be given attention.

I suppose it will be conceded that immorality between the sexes is on the increase, that houses of assignation are often as well known as drug-stores, and that public places are full of women, who by their manners entice and furtively convey to men the idea that they share none of the fears of the modern wife concerning conception. The vice pervades our civilization. Mr. Hale, in his little book on social life in England, says that it is the rule there that young men must first settle with the mistress before they may venture to marry. Recent writers say that one birth in five in Scotch cities is out of wedlock, and in Paris one in three. In German cities it is little if any better. It may be said to be worse in our own country, in kind if not in degree, if we consider the indications of the wide-spread practice of abortion. If the whole subject were not considered so exceedingly sacred that it cannot even be mentioned, there would be some chance for young people to learn the debasing evils of prostitution and incontinence; wives might be more indeed the companions of their husbands; fewer home circles would be rent, and men generally would be freer from the temptation to go outside to satisfy nature's demands.

An eminent physician in this city, who is well known as one who treats nervous affections, a few years ago had under his care as a patient a delicate young woman who was engaged to be married. Her friends consulted him as to the propriety of her marrying, considering the state of her health. He advised that she should marry, *but that she should have no children for several years at least, or until firm health should be established*; and at the same time suggested that her affianced be referred to him for instructions. These instructions to the man were simply that he should in each instance withdraw in time to make the intercourse incomplete. The subsequent history is, that

there was no child for three years; the wife became a hearty woman, stout and robust; but the man's health was so undermined that he seems to be permanently a victim to nervous affections of various kinds, and it is a question whether or not he is impotent. Though he was strong and robust at the time of marriage, he is now a delicate man. Naturally such a man is overweighted, and his mind is worried about himself, and it is scarcely to be wondered at that he lacks energy to pursue his business in successful competition with others. To my mind the physician made a grave mistake in his advice—at least so far as the man is concerned. Is it possible that the laity may look for no better advice on this subject from their medical advisers than such as I have just mentioned?

Your truly,

X. Y. Z.

Philadelphia,

October 25, 1888.

NOTES AND COMMENTS.

A Leech in the Larynx.

In the number of the *Centralblatt für Chirurgie* for May 26, 1888, there is reproduced the story of a French physician named Godet, who performed thyroidotomy upon a patient into whose larynx a leech had entered, and fastened itself below the glottis. In reading of the attempts to remove the animal, it seems singular that, before resorting to a cutting operation, an attempt was not made to overcome the animal with the vapor of chloroform. This agent has a very prompt effect upon many of the lower animals, and it seems possible that, if chloroform had been administered to the patient with her face turned downward and at a lower level than that of her body, the leech would have been narcotized and dislodged, without danger of its falling down into the trachea.

Uselessness of Günzburg's Test.

M. Constantin Paul (*La France Médicale*, Feb. 23) reports that this test for free hydrochloric acid in the gastric juice is unreliable. A small amount of sulphureted hydrogen, such as might exist in a somewhat stale egg, or an alkaline solution of phosphate of soda, as well as hydrochloric acid, gives a rose or red color with the test.—*N. Y. Med. Abstract*, August, 1888.

Creoline, Iodoform Ointment and Antipyrine in Eye-Practice.

In the *Centralblatt für Augenheilkunde*, September, 1888, Dr. Mergl states that creoline has been employed, in one per cent. solution, in acute and chronic conjunctivitis, in trachoma, and in ulcers of the cornea. In acute catarrhal conjunctivitis, the conjunctiva of the lower lid was brushed with a one per cent. solution twice a day; in most cases the redness and swelling of the conjunctiva disappeared in one or two days, the secretion lessened, but did not entirely disappear. He therefore thinks it better, after two or three days, to change the creoline solution for one per cent. nitrate of silver or sulphate of zinc. In chronic conjunctivitis creoline gave no favorable results. In four cases of trachoma the creoline appeared to act as a true specific—the redness and swelling disappeared in from two to four days, the purulent discharge in a week, and the granulations in from two to three weeks. In other cases the redness and swelling disappeared, but the granulations would not yield; in some cases the disease was aggravated. Mergl now begins the treatment of acute trachoma with creoline; if improvement does not progress rapidly, he changes it for nitrate of silver and copper. In trachoma combined with pannus or corneal ulcers, creoline is an excellent remedy; under its influence the ulcers become clean, the pannus recedes, and in conjunction with the use of atropine the ulcers are healed.

Although creoline very often brings about a cure of corneal ulcers, it also frequently fails. On the other hand, the ten per cent. iodoform-vaseline ointment employed by Dr. Kanka, is an invaluable remedy in ulcers of the cornea, especially in hypopyon. Upon the closed eye a piece of gauze spread with iodoform ointment is laid, and fastened with a bandage. Under the use of this bandage the pain diminishes, the ulcers become clean, and the hypopyon disappears in two or three days. Of fifty cases of keratitis with hypopyon under Dr. Kanka's care during two years, in only two was the pus evacuated by paracentesis. On the advice of Dr. Adolph Aldor, antipyrine was employed to clear up cicatrices on the cornea. As it caused burning, cocaine was first instilled into the eye and then the cornea dusted with antipyrine in the form of powder. After the flow of tears ceased, which occurred in a few minutes, massage of the cornea was practised. The result obtained was good. In the case of a child

which, after an attack of small-pox, was affected with opacity of both corneæ, the procedure just described was employed; after three months the child's vision had increased from inability to see anything, to ability to walk alone and to recognize small objects, such as a watch and half-penny. The result was similarly favorable in two other cases.—*Wiener med. Presse*, November 7, 1888.

Transference of Syphilis by Means of a Razor-Cut.

Cheminade, Interne of the Hôpital Saint-Jean, Bordeaux, communicates a case to the *Annales de dermat. et de syphil.*, No. 8-9, in which syphilis seems to have been transferred to a man by means of a razor. It seems that an officer, thirty years old, was cut with a razor in the right supra-hyoid region immediately below the angle of the jaw. The wound would not heal for a long time. Under the influence of different caustics a whitish crust was formed, which fell off and left behind an oval ulcer with indurated edges. At the same time the neighboring lymph glands became swollen. After about two months the ulcer healed, leaving a scar about one-third of an inch long. After three months mucous patches occurred on the cheeks, the arches of the palate and on both sides of the frænum of the tongue. The voice was hoarse, and there developed inflammatory œdema of the parts lying above the glottis. The lower lip was covered with syphilitic erosions.—*Wiener med. Presse*, Oct. 7, 1888.

Reduction of Subcoracoid Dislocation.

Dr. J. W. Marsee says in the *Indiana Medical Journal*, September, 1888:

"While in New York City recently I saw Dr. Bull reduce a subcoracoid dislocation of several weeks' standing, in a very simple and easy manner. The name of the inventor has escaped my memory. I have since practiced the method with very gratifying results in one case, in which the bone had been out for five weeks. After making free motions for a minute, to break up adhesions, he placed the elbow, bent to a right angle, against the patient's side, and holding it there carried the hand out, rotating the humerus until the forearm was horizontal; then holding the forearm so, carried the elbow toward the umbilicus. One effort sufficed to make the reduction; in mine two efforts were required. No force was used or needed."

Formulae for Terpene.

M. Houdart in a recent thesis gives a good summary of the applications of terpene in therapeutics. The following are the principal formulæ (*Bulletin Médical*, August 22, 1888):

Terpene gr. cl
Glycerine f 3 ii
Dissolve with the aid of heat.

A coffeespoonful of this solution contains fifteen grains of terpene. It is administered in a mixture with sweetened water or syrup. The addition of alcohol makes a more complete solution. Each coffeespoonful of the following formula contains seven and a half grains of terpene:

Terpene gr. lxxv
Alcohol (90°) f 3 v
Glycerine (30°) f 3 x

Dissolve the terpene with the aid of heat in the glycerine, add the alcohol, and keep in an hermetically sealed bottle. M. Houdart advises with M. Lépine to prescribe terpene as an expectorant in bronchitis in doses of seven and a half to fifteen grains, and in smaller doses in affections of the urinary passages. Increase of the dose should be avoided in patients with Bright's disease or other renal disease.

Photographing the Eye.

Although many have made repeated attempts to reproduce the appearances of disease in the eye by photography, the results have not been very encouraging. The difficulties have been so great that it has been impossible up to the present to photograph truthfully even the iris and the pupil. The chief of these difficulties has been perhaps the insufficient illumination, and it is in this respect that the magnesium flash light, so lately introduced, has proved its efficacy.

Cohn has made experiments with this light with most encouraging results (*Centralblatt für prakt. Augenheilkunde*, March, 1888). He has been able to photograph satisfactorily a pupillary membrane, a coloboma of the iris, and even the painted optic nerve of an artificial eye, as seen by the indirect method with the ophthalmoscope; and his conclusions are that, with an apparatus of sufficient precision, the possibility of photographing the living optic nerve does not admit of a doubt. His method is to mix equal parts of magnesium and finely powdered chlorate of potash with the dry finger on a piece of paper, and for each exposure to use about as much powder as can be

taken between finger and thumb. He puts this on a little tin dish, having a diameter of about 15 mm. ($\frac{1}{4}$ inch) and sides about 5 mm. ($\frac{1}{8}$ inch) high, and lights it with a small piece of punk stuck in the end of a stick somewhat less than a foot long. This small quantity gives quite enough light at a distance of 20-30 inches for all eye portraits, and causes neither troublesome smoke nor glare. It is so quick that the pupil does not contract till after the flash, and thus the natural size of the pupil in the dark is obtained. This is found to be very large, appearing almost as though a mydriatic had been used.

Certainly this method is a great advance, and, with the improvement which will be made in the technique, we may hope to have in this a simple and reliable means of representing diseased conditions of the anterior part of the eye—perhaps even of the fundus.—*Brooklyn Med. Journal*, July, 1888.

Albuminuria in Diabetes Mellitus.

Dr. Henry C. Coe, of New York, concludes a paper on this subject (*N. Y. Medical Journal*, July 28, 1888) with the following propositions:

"1. Albuminuria occurring in diabetes has the same import as in ordinary cases.

"2. A trace of albumin, appearing transiently or intermittently (when proved by exclusion to be of renal origin), and seldom or never associated with casts, may be regarded as due to irritation of the kidneys from the glycosuria. The immediate prognosis is good; but renal changes may subsequently result.

"3. The occurrence of persistent albuminuria and numerous casts in a case of diabetes of long standing is of grave import, as pointing to the existence of chronic nephritis; if acetone and diacetic acid are also present, the patient may die in coma at any time.

"4. Examination of the urine furnishes complete evidence of the patient's danger, even when the general condition is not such as to excite apprehension."

Sulphonal in the Night Sweats of Phthisis.

Dr. A. Martin recommends sulphonal in the night sweats of phthisis. He gives it in doses of seven and one-half grains taken before going to bed. He says it has proved very helpful, securing a quiet natural sleep lasting from four to six hours.—*Wiener med. Presse*, July 22, 1888.

Population and "The Struggle for Existence."

S. H. Mead (*Popular Science Monthly*, October, 1888) says: In Professor Huxley's article, "The Struggle for Existence," he states the obvious fact that, "so long as the natural man increases and multiplies without restraint, so long will peace and industry necessitate a struggle for existence as sharp as any that ever went on under the régime of war." But this promptly suggests the important modification that all classes of men do not increase equally. *Punch's* humorous statistics, a quarter of a century ago, gave to the well-to-do quarters of the town an average of only half a baby to each house. More serious observation shows, from the yeast-plant up, a steady diminishing rate of increase, pyramid-like, until the cap-stone is reached—an average human family consisting of five persons, the three children replacing the parents, with only one to spare. But the cap-stone itself diminishes to a point. The human race differs in fecundity—the worst nourished and most emotional being the most prolific, and the best fed and the best poised intellectually producing not enough to maintain their own numbers. The Dutch numbered about two millions. They created their country largely out of the ocean and survived a mud avalanche of cruelty and brute force. In South Africa, Java, New York, and elsewhere, they have been a permanent force, as well as in science, literature, arts, and arms. But their numbers have not greatly increased. On the other hand, the natives of the south of Ireland have been decimated by famines and chronic insufficiency of food. They have founded no distinctly Irish colonies anywhere, but contented themselves with adhering closely to Anglo-Saxon communities in all parts of the world, which contact they declare to be injurious to them. It is asserted that their numbers have increased in recent times from about six millions to thirty millions, more or less. Eminent men, like George Washington, leave few if any descendants. Napoleon, as the fruit of two marriages, had one child. Hardly any of the peerages in the House of Lords, consisting of some four hundred members, are more than two hundred years old, and if, as proposed, no new peerages should be created, the hereditary legislators would become extinct—the object aimed at by the proposal. The present tendency of civilization referred to by Huxley, to sacrifice the best to the worst perpetually, would seem at first sight to

reduce the whole to a dead level of the worst possible. But further reflection shows the effect to be to raise the whole mass from the bottom. If the mass can be well fed, refined, and intelligent, nature will no longer throw off such frightful numbers of rudimentary men, but will be as niggardly of human beings as she now is chary of perpetuating great intelligences. In this direction there is hope that the problem may be solved.

Condensed Milk in Infant Feeding.

Dr. Charles W. Drew concludes an article on condensed milk in infant feeding in the *Northwestern Lancet*, September 15, 1888, with the following words:

"The question therefore presents itself to the conservative physician and to the mother and nurse, whether there is in any ordinary case sufficient advantage in the use of condensed milk as an infant food, to warrant them in assuming the risk of continuously administering as a substitute for mother's milk a mixture containing thirteen per cent. of its weight of such an undesirable and possibly deleterious constituent as cane sugar, as they must do if the condensed milk is simply diluted to the point of furnishing the proper percentage of fat, casein and salts which experience has proved to be necessary for the growth and development of the child. It is impossible for a single logical argument to be adduced in support of such a proceeding, and it must be concluded that from all the evidence attainable by a full study of the chemistry of the subject, that the use of condensed milk in infant feeding is unwarranted, and should be disapproved and discouraged by all conservative physicians."

Hunyadi Janos Water.

Dr. Dieterich, in the *Pharmaceutische Centralhalle*, gives the following formula for making the artificial water:

Potassium sulphate	0.5 parts
Sodium chloride	14.0 "
" bicarbonate	52.0 "
" sulphate, dry	180.0 "
Calcium sulphate, precip.	15.0 "
Magnesium sulphate, dry	24.5 "
Iron sulphate, dry	0.2 "

Taken in grammes the above will produce 10 liters (10½ quarts) of the artificial water.

Dose, put a tablespoonful of the salt into a half-pint bottle, fill it half full of water, dissolve by shaking, then fill with carbonic acid water.—*Pharmaceutical Era*, October, 1888.

Medicated Biscuits.

This form of medication, says the *Chemist and Druggist*, Sept. 22, 1888, is often used on the Continent, especially for children. The usual way is to give to a pastry-baker the medicines in the shape of powder, to be mixed with the biscuit-paste and divided into a given number of cakes. As an accurate division is thus seldom secured, M. A. Xanthopoulos, of Makri-Keni, Turkey, has proposed the following process, to be executed by the pharmacist himself. Take the medicine prescribed, mix it with four times its weight of powdered sugar, and divide into the requisite number of doses. Now spread each powder with a brush on the spongy side of a well-baked biscuit, and apply over it a coat of thin mucilage. After drying in a warm place, the cakes may be dispensed. To give a better finish, a little powdered starch and sugar may be dusted over the medicated side before the mucilage is quite dry. M. Xanthopoulos recommends the process as a quick and convenient one, affording all the accuracy necessary in the exhibition of medicines.

Psychic Effects of Hasheesh.

Mr. A. M. Fielde has recently recounted his experiences under the influence of hasheesh. He smoked the hasheesh until he felt a profound sense of well-being, and then put the pipe aside. After a few minutes he seemed to become two persons: he was conscious of his real self reclining on a lounge, and of why he was there; his double was in a vast building made of gold and marbles, splendidly brilliant, and beautiful beyond all description. He felt an extreme gratification, and believed himself in heaven. This double personality suddenly vanished, but reappeared in a few minutes. His real self was undergoing rhythmical spasms throughout his body: the double was a marvelous instrument, producing sounds of exquisite sweetness and perfect rhythm. Then sleep ensued, and all ended. Upon another occasion, sleep and waking came and went so rapidly that they seemed to be confused. His double seemed to be a sea, bright, and tossing as the wind blew; then a continent. Again he smoked a double dose, and sat at his table, pencil in hand, to record the effects. This time he lost all conception of time. He arose to open a door: this seemed to take a million years. He went to pacify an angry dog, and endless ages seemed to have gone on his return. Conceptions of space retained their normal

character. He felt an unusual fulness of mental impressions—enough to fill volumes. He understood clairvoyance, hypnotism, and all else. He was not one man or two, but several men living at the same time in different places, with different occupations. He could not write one word without hurrying to the next, his thoughts flowing with enormous rapidity. The few words he did write meant nothing. This experience admirably illustrates the close relationship between states of real insanity and transitory affections induced by psychic poisons.—*Science*, Oct. 12, 1888.

Cremation of Filth at Montreal.

The Albany Board of Health is considering the use of crematories for garbage and night soil, and the Health Officer, Dr. Balch, recently made an inspection of those at Montreal which he describes as follows:

These crematories are worked under a patent owned by William Mann, of Montreal, and consist of two different plants. The one for garbage is situated in a thinly-settled part of the city, and consists of a brick furnace into which the garbage is received from an upper floor, while the fire-box is on the floor below at one end of the furnace. The garbage falls from the upper floor to grates within the furnace, and the fire is allowed to pass over, evaporating the moisture, which allows of the garbage itself igniting as soon as it becomes perfectly dry; the ashes resulting (from the combustion) fall through the grate bars, where they are removed to be used as filling. The chimney at the opposite end of the fire-box is about eighty feet high. No perceptible smell was present, and no complaint from the neighborhood had been received that the smoke caused any nuisance. The crematory for night soil consisted of two furnaces upon a single chimney, and was in the main similar to the one for garbage, except that no grate bars were placed within the furnace, the night soil being allowed to rest upon a raised floor over which the fire passed in the same manner as already described. The probable cost of erection for a furnace sufficient to destroy the garbage in Albany, including the cost of the patent, would be about from \$4,000 to \$5,000. The fuel used is the cheapest kind of soft coal and coal screenings, and the amount needed about two tons a day. It will require, he says, three or four men to do the necessary work at the plant.—*Engineering and Building Record*, October 20, 1888.

Treatment of Malarial Cachexia.

Dr. J. J. Mulheron says that in the cachexia which ensues on the prolonged action of the malarial poison the ferruginous tonics and the medicines known as alteratives, are indicated. The following, which he says might be known as the tincture of the five chlorides, is an excellent combination for this condition, as it is in poverty and depravity of the blood from any cause.

R Hydrarg. chlor. corrosivi . . gr. ii
Tr. ferri chloridi,
Acidi hydrochlorici dil. . . aa fʒ iii
Liquoris acidi arseniosi . . . fʒ iss
Potassii chloridi fʒ ss
Syrupum simplicem . . q. s. ad fʒ vi

M. Sig. A teaspoonful in water four times a day.

He calls attention to the fact that it is the chloride and not the chlorate of potassium which is called for in this prescription. He thinks the average druggist will require to have his attention especially directed to this fact. The chloride of potassium, he says, is a peculiarly valuable salt in the treatment of anæmia. The necessary regulation of diet, hygienic precautions, etc., must, of course, receive attention.—*Medical Age*, Sept. 25, 1888.

Formula for Gastralgia and Vomiting.

Ewald, says the *Wiener med. Presse*, September 23, 1888, advises the following formula in hysterical hyperæsthesia, gastralgia and vomiting:

R Morph. muriat. gr. iii
Cocaini muriat. gr. ivss-viiss
Tinct. belladonnæ m℥xxv-cl
Aque amygdalæ amar. fʒ vii
M. Sig. Ten or fifteen drops to be taken hourly.

Cannabis in Graves' Disease.

Rafaele Valieri, of Naples, has successfully employed cannabis in three cases of Graves' disease, after all other means had been tried without effect. The following are the formulæ he employed:

R Cannabis gr. ivss
Sacch. lactis q. s. ut fiant pil. No. V.
Sig. To be taken in 24 hours.

R Cannabis gr. ivss
Aque destill. fʒ iii
Syr. flor. aurant. fʒ viiss

M. Sig. To be taken in tablespoonful doses in 24 hours.

—*Wiener med. Presse*, October 7, 1888.

Cincinnati Polyclinic.

The Cincinnati Polyclinic was organized October 31. Dr. Charles A. L. Reed was elected Dean of the Faculty; Dr. Longstreet Taylor, Secretary; Dr. Rufus B. Hall, Treasurer. The Faculty consists of: Drs. A. C. Kemper and E. W. Mitchell, in Internal Medicine; Dr. H. W. Rover, in Pædiatrics; Drs. Edwin Ricketts, Rufus B. Hall, and Charles A. L. Reed in Gynæcology; Drs. A. B. Thrasher and J. H. Boylan in Laryngology; Drs. A. Ravogli and M. Ricketts in Dermatology; Dr. Robert Sattler in Ophthalmology; Dr. Longstreet Taylor and Wallace Neff in Surgery, including Genito-Urinary Diseases.

Almost the entire Faculty are teachers in one or the other of the three Medical Schools of Cincinnati, and the majority of them hold important hospital appointments. A large clinic has already been developed.

NEWS.

—An International Congress for Criminal Anthropology will be held in Paris, August 4-8, 1889, under the honorary presidency of Prof. Brouardel.

—The *Medical Standard*, Nov., 1888, states that there are 80 patients with typhoid fever in the Chicago County Hospital, in a total of 486 inmates.

—There were 28 new cases and 3 deaths from yellow fever at Jacksonville, Fla., Friday, November 2. Eight cases have been reported at New Decatur, Alabama.

—A strange accident happened to a man in Asheville, S. C. He was trying to pull off a tight-fitting boot while sitting in a chair, when his right femur was broken by the strain.

Dr. George H. F. Nuttall, of San Francisco, has been awarded the Boylston prize of four hundred and fifty dollars for his essay entitled: "A Contribution to the Study of Immunity."

—Dr. McCully, of Toronto, discharged a revolver into a crowd of medical students who had gathered in front of his house and were behaving in a riotous manner. One student was shot in the leg.

—The *St. Louis Med. and Surg. Journal*, Nov., 1888, says that in Turkey, by decree of the Sultan, as soon as a physician dies his diploma must be turned over to the authorities, who return it to the college from which it was originally received.

—We learn from the *New York Medical Record*, November 3, 1888, that the hospital Saturday and Sunday collections in that city last year amounted to \$50,449.15. Of this amount \$28,626.79 was from religious sources and \$21,822.36 from secular sources.

—Dr. Frank L. Wyman, of Olneyville, Rhode Island, has been awarded \$17,000 damages from the Union Horse Railroad Company for injuries received by being hurled from the front platform of a car, which was driven at great speed in rounding a curve.

—During six months of high license, the number of saloons in Paterson, N. J., is said to have been decreased by 125, and the receipts from licenses increased by \$40,000. It is estimated that the taxpayers will be relieved of taxes to the amount of \$100,000 a year from the increased revenue from licenses.

—The Council of Public Hygiene for the department of the Seine, Paris, at its meeting October 13, appointed a committee to obtain information concerning the value of vapor of turpentine as a prophylactic against the necrosis from phosphorus which occurs among workers in zinc. MM. Trost, Lancereaux, Trélat, Brouardel, Riche and Poligot are on the committee.

—The *New York Medical Journal*, Nov. 3, 1888, expresses the opinion that the chewing of gum may be advantageous under certain circumstances, inasmuch as it increases the secretion of saliva, and thus may, if used at the proper time, materially assist the digestion of amylaceous food. It also serves to cleanse the teeth, and may exert a wholesome influence upon the pharynx in catarrhal conditions.

—In commenting upon a suit for damages brought against a physician by the parents of a child which died after taking a mixture containing antipyrine and sweet spirits of nitre, which was prescribed by the physician, the *National Druggist*, November, 1888, declares that the crystalline deposit (isonitroso-antipyrine) produced by the union of these two agents is not poisonous. The Editor says he has tested its toxicity upon himself, as well as upon the lower animals.

PEOPLE WHO ARE NOT FAMOUS can become so and have their pictures put in the papers by signing a medicine paper and certifying they have been cured of a terrible disease they never had.

HUMOR.

AS DELICATE a charity as I remember was the act of a gruff, taciturn old physician in a Colorado mining town. A poor, aged parson was carefully attended by the irritable doctor. When the preacher had sufficiently recovered to dispense with further medical attention he asked for his bill. "Your bill? Here it is," said the doctor, opening his pocket-book and handing the minister's wife a \$10 bill.—*America (Chicago)*.

CUSTOMER—"That was splendid insect powder you sold me the other day, Mr. Oilman." Mr. Oilman (with justifiable pride) —"Yes, I think it's pretty good—the best in the trade." Customer—"I'll take another couple of pounds of it, please." Mr. Oilman—"Two pounds?" Customer —"Yes, please. I gave the quarter of a pound that I bought before to a black beetle, and it made him so ill that I think if I keep up the treatment for about a week I may manage to kill him."

WOULDN'T DRINK ANY.—Old Jefferson Catnip, upon his first visit to the city, went with a friend to a restaurant. While they were sitting at a table a young fellow, carrying a lawn tennis racquet, came into the room. Old Jefferson, after regarding the instrument for a few minutes, turned to his friend and said: "John, I drink no milk in this town." "Why not?" "Why not? Jest look at the strainers they use. Why, you could shove a catbird through 'em."—*Arkansas Traveler*.

DIED.

Clara Lucile Sundberg, *née* Blackman, wife of Dr. John C. Sundberg of San Francisco, California, October 21, 1888.

OBITUARY.

R. LEONARD, M.D.

Dr. R. Leonard, of Mauch Chunk, a prominent physician of Carbon County and President of the Lehigh Valley Medical Association in 1884, was killed by a passing train while walking home from a visit to a patient, shortly after midnight on the morning of October 26. Dr. Leonard was graduated from the Vermont Academy of Medicine in 1845. He was a member of the Carbon County Medical Association, and one of the surgeons to St. Luke's Hospital, Bethlehem, and was 65 years of age at the time of his death.